



Charleston Memorial Hospital  
Universitv Medical Associates

# MUSC/CMH/UMA Alimony/Child Support Statement

## Statement of Alimony

I, \_\_\_\_\_, certify that I receive Alimony in the  
(PRINT APPLICANT'S NAME)

amount of \$ \_\_\_\_\_  
\_\_\_\_\_ Monthly  
\_\_\_\_\_ Weekly  
\_\_\_\_\_ Bi-Weekly  
\_\_\_\_\_ Twice per Month

I, \_\_\_\_\_, certify that I do **NOT** receive Alimony.  
(PRINT APPLICANT'S NAME)

\_\_\_\_\_  
SIGNATURE OF APPLICANT/DATE

\_\_\_\_\_  
TELEPHONE NUMBER

## Statement of Child Support

I, \_\_\_\_\_, certify that I receive Child Support in the  
(PRINT APPLICANT'S NAME)

amount of \$ \_\_\_\_\_  
\_\_\_\_\_ Monthly  
\_\_\_\_\_ Weekly  
\_\_\_\_\_ Bi-Weekly  
\_\_\_\_\_ Twice per Month

I, \_\_\_\_\_, certify that I do **NOT** receive Child Support.  
(PRINT APPLICANT'S NAME)

\_\_\_\_\_  
SIGNATURE OF APPLICANT/DATE

\_\_\_\_\_  
TELEPHONE NUMBER