



Declaration of Child Support (DCS)

Tenant/Co-op Member Information

Last Name _____ First Name _____

Unit Number _____ Address _____

Absent Parent (person responsible to pay support)

Last Name _____ First Name _____

Street Address _____

Town/City _____ Province _____ County _____

Date of birth _____

Please tell us about this person (check all that apply):

- I have no contact with this person and do not know where they live
- This person is employed. Employer: _____
- This person is on Ontario Works.
- This person is on ODSP (disability benefits).
- This person is in jail/incarcerated Release date (approximate): _____
- This person is dead/deceased.
- I, or my children, have been abused by this person.

Children

First and last names of each child of the Absent Parent	Date of birth of child

Current Support Arrangements

Please tell us about any agreement you have or had for support even if it is not being paid.

I have a court order. Date of court order: _____

Amount of court order: \$ _____ Amount being paid per month: \$ _____

Is your court order registered with the Family Responsibility Office (FRO)? Yes No

I have a written agreement. Date of agreement: _____

Amount of agreement: \$ _____ Amount being paid per month: \$ _____

Is your written agreement registered with the courts? Yes No

Is written agreement registered with the Family Responsibility Office (FRO)? Yes No

I have a Verbal agreement. Amount being paid per month: \$ _____

I have never had an agreement for support. Please explain the reason:

Are you willing to pursue support?

Yes, I am willing to pursue child support.

No, I do not wish to pursue child support because _____

Declaration

I declare that all the information given on this form is true and correct to the best of my knowledge, and that I have not knowingly left out information or provided false information.

I have attached:

a copy of my court order or written agreement

a Schedule A from the Family Responsibility Office (FRO) because my court order or written agreement is not being paid in full.

Applicant's Name _____

Signature _____ Date _____