



Child Support Arrears Credit Program - Participant Agreement

I. Client Information and Obligations

(A) I, _____, am the noncustodial parent and I have an account with the NYC Human Resources Administration, Office of Child Support Services (OCSS with the NYC Department of Social Services (NYC DSS). My account number(s) is/are _____, _____, _____. I am applying to the Child Support Arrears Credit Program (ACP). This Agreement explains my duties as a participant in this program. By signing this document, I agree to all the terms and requirements in this Agreement.

(B) I am participating in this program to reduce—and possibly bring to zero—my NYC DSS permanently assigned arrears (the unpaid amount of child support debt I owe to the government while my children were receiving cash assistance). I will still need to pay any child support that I owe to the custodial parent (who lives with the child(ren)) or to any other Social Services Departments outside of New York City.

(C) One of the following two sections applies to me:

Either:

I. I am currently paying an order of support

Participation in the program will start on the due date of my next child support payment and last for one year after signing this Agreement. During that year, I agree to pay the amount of child support I owe each month for my account. Missing a payment may remove me from this program and any credits that I earned towards my child support debt may be lost.

OR

II. I am only paying child support debt

Participation in this program starts once I sign this Agreement and lasts for one year from the date of this Agreement. During that year, I agree to pay the amount of my last child support court order towards the debt I owe for my account. If I miss a payment, I may be removed from this program and any credits that I earned towards my child support debt may be lost.

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(D) My involvement in this program may apply to all child support accounts that I have. Each of my child support accounts that have permanently assigned debt owed to NYC DSS, is eligible to receive up to a \$5,000 credit if I complete the program for each case. OCSS will administratively adjust the permanently assigned debt owed to NYC DSS.

(E) My involvement in this program does not stop other enforcement actions (such as a tax refund offset). Payments received as a result of an enforcement action may reduce the amount of permanently assigned debt owed to the NYC DSS. The amount of credit received will be up to the amount of permanently assigned debt owed to NYC DSS or \$5,000, whichever is greater.

II. Financial Information

By signing this Agreement, I am saying that the following statements about my financial history and assets are correct to the best of my knowledge:

- I currently do not have more than \$3,000 in the bank.
- I do not own property (such as cars, jewelry, or real estate) worth more than \$5,000.

III. Other Information

Participants in this program cannot have gone to jail for crimes against a child. By signing this form, I state that I have not gone to jail for crimes against a child.

V. Client Outcomes

If I successfully participate in this program, by paying child support for twelve (12) consecutive months, OCSS agrees to process the credit within one to two months after the outcome was achieved. . If I owe debt only, OCSS agrees to lower the amount of child support debt I permanently owe to NYC DSS one to two months after payments have been received for twelve (12) consecutive months. .

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If I have successfully completed the twelve (12) months, with timely payments each month, I will be automatically enrolled in the program for another year to further reduce the remaining debt permanently owed to NYC DSS, up to three years, whichever comes first.

To remain eligible and receive the credit, I must pay the child support I owe for a twelve (12) consecutive month period while in the program, (even if I earn enough credits in less than one year to reduce to zero the amount of child support I owe to NYC DSS.)

I cannot earn more credit than the amount of permanently assigned child support that I owe to NYC DSS. I will receive up to a \$5,000 arrears credit on each NYC DSS case after paying my current child support obligation(s) for twelve (12) consecutive months for each case.

VI. Client Endorsement and Signature

I, _____, swear or affirm under penalty of perjury that the information I provided in this Participant Agreement for the Child Support Arrears Credit Program is true.

I agree to enroll in the Arrears Credit Program and agree to the terms as stated. I understand that the Arrears Credit Program will begin on the date my first payment for support is due after I sign this Agreement. I agree to pay my child support obligation(s) on time every month. I understand that if I do not follow the terms of this Agreement, including compliance with all court orders and Court appearances that I will be removed from this program. If I am removed from enrollment in this program, any arrears credits that I may have earned will be lost.

By signing this agreement, I understand and agree to the requirements of the Participant Agreement for the Child Support Arrears Credit Program and agree to its terms as stated above. This Agreement is executed as of the date signed below.

Agreements should include a photo or copy of a valid government-issued identification.

Noncustodial Parent Signature

Date

NYC DSS Authorized Representative

Date

(Turn over)

To complete your application, mail the original signed version of this document, along with all the necessary documentation, to:

NYC HRA/OCSS

Attention: Arrears Credit Program

PO Box 830

Canal Street Station

New York, NY 10013

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **718-557-1399**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.