

Application for the Arrears Cap Program

Description

The Arrears Cap Program can help reduce your child support debt to as little as \$500. You do not have to go to court to be in this Program.

The Arrears Cap Program has helped more than 16,000 noncustodial parents (NCPs) lower their child support debt owed to the government. And of those, more than 5,000 have now paid off all of their Department of Social Services (DSS) child support debt.

Participation in the Arrears Cap Program **does not** change any child support owed to the custodial parent or to other Social Services Departments outside of New York City.

Do I Qualify?

You can apply for the Arrears Cap Program if you owe child support debt to the New York City Department of Social Services (DSS). Your DSS debt must have started and/or increased while your child(ren) was receiving cash assistance and your income was at or below the federal poverty level.

To see whether your current or past income might qualify, check the list of federal poverty levels on page 3 of this document.

Three Easy Steps for Applying

1. Please give us the following information about you and your child support case

Name _____

Account Number _____

Social Security Number _____

Address _____

Daytime Phone Number _____

2. Please send us documents to prove your identity and income. The proof of your income only needs to show how much you made during the period when your income was below the poverty level.

To prove your **identity**, send us a photocopy of:

- Government Issued photo ID (i.e., IDNYC, valid driver's license, valid passport)

To show your **income** during the period when your income was below the poverty level, send us a photocopy of as many of the following as possible:

- Your state and federal tax returns or verification of non-filer status
- Proof of receipt of Supplementary Security Income (SSI), Cash Assistance, Medicaid, or SNAP
- Proof of incarceration (if you are applying because you were incarcerated)
- Three most recent pay stubs (if you are applying because of your current income)

3. When you have completed Sections 1 and 2 above, sign and date the spaces below and mail this application and copies of your documentation to:

**OCSS Customer Service Unit
PO Box 830
Canal Street Station
Attn: Debt-Reduction Review
New York, NY 10013**

Signature of Noncustodial Parent: _____ Date: _____

Note: If your application is accepted, staff from the child support program will notify you in writing. You will then be asked to sign an Agreement. You need to sign the Agreement to get the reduction.

Best regards,

Child Support Worker

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.

Summary Guide to Federal Poverty Level: (1995–2023)	
Year	Federal Poverty Level for One Person
1995	7,470
1996	7,740
1997	\$7,890
1998	\$8,050
1999	\$8,240
2000	\$8,350
2001	\$8,590
2002	\$8,860
2003	\$8,890
2004	\$9,310
2005	\$9,570
2005	\$9,800
2007	\$10,210
2008	\$10,400
2009	\$10,830
2010	\$10,830
2011	\$10,890
2012	\$11,170
2013	\$11,490
2014	\$11,670
2015	\$11,770
2016	\$11,880
2017	\$12,060
2018	\$12,140
2019	\$12,490
2020	\$12,760
2021	\$12,880
2022	\$13,590
2023	\$14,580