25 Rev. Dr. Martin Luther King Jr. Blvd. Suite 110 St. Paul, MN 55155

THIS FORM MUST BE TYPED. DO NOT HANDWRITE.

SUPPLEMENTAL FORMS | FORM 4 – SUPPORT OBLIGATION

If there are documents relevant to this issue that have not already been provided with other forms regarding this case, such as proof of compliance with this obligation, please provide this documentation as applicable.

| as proof of compliance with this obligation, | piease provi | de this docume | entation as applica | bie. | |
|---|----------------|-----------------------|---------------------|--------|--|
| This FORM 4 supplements the following question | | | | | |
| Question 4.08 A separate Form 4 must be completed for <u>EACH</u> | | estion 4.09 | these allestions | | |
| | matter that | 13 1 23 10 13 14 2 10 | mm/dd/yyyy | | |
| Date Form Completed: | | | | | |
| Applicant Name: | First | | Middle | Last | |
| Identify the Case from Question 4.06 to Which this "Yes" Answer Relates: | | | | | |
| To Whom was/is this Obligation Owed? | | | | | |
| Is this a Current and Ongoing Obligation? | Yes | ☐ No | | | |
| If No, Enter the End Date of this Obligation: | | | mm/dd/yyyy | | |
| Have you EVER been delinquent on, or otherwi | se not in con | npliance with, t | his obligation? | Yes No | |
| If yes, are you currently delinquent on, or other | rwise not in o | compliance witl | h, this obligation? | Yes No | |
| If you have ever been delinquent or noncom circumstances surrounding your noncompliance | | | | | |
| | | | | | |
| | | | | | |