

NEW ENGLAND FARM WORKERS' COUNCIL
FUEL ASSISTANCE PROGRAM
1666 MAIN STREET
SPRINGFIELD, MASSACHUSETTS 01103
(413) 272-2209

CHILD SUPPORT/ALIMONY DECLARATION

HEAD OF HOUSEHOLD

APPLICATION NUMBER

1. If you are a single parent or have children from a prior relationship please complete this form and sign below for all children not on public assistance. This form **must** be completed. Please enter 0's on the lines if you do not receive support from anyone.
2. If you receive child support or alimony please **enter the amount received** on the lines below.

Amount of ALIMONY per week or month (circle one) \$ _____

Amount of CHILD SUPPORT per week or month (circle one) \$ _____

Name of child(ren): _____

Name of father/mother: _____

****IMPORTANT****

****ANYONE RECEIVING CHILD SUPPORT THROUGH DOR MUST CALL 1-800-332-2733 AND REQUEST A PRINT OUT OF ALL PAYMENTS FROM _____ TO _____.**

If you **do not** receive your support through DOR then submit one of the following:

1. A recent **copy of a check or money order if paid weekly**.
2. The **last four (4) checks you have received if you are paid bi-weekly or monthly**.
3. A copy of the court order or separation agreement indicating the amount to be paid and the frequency of the payments.
4. If you **receive cash and have no written agreement, contact our office and request a "child support notarization" form.**

I CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY TO ALL FACTS STATED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERSTAND THAT IN THE EVENT I RECEIVE BENEFITS AS THE RESULT OF FRAUDULENT STATEMENTS I WILL BE SUBJECT TO PROSECUTION. I AUTHORIZE NEFWC TO CONTACT ANY AND ALL PERTINENT PERSONS, AGENCIES OR COMPAINES TO VERIFY THIS INFORMATION. IF I HAVE BEEN ISSUED A COURT ORDER OF IF I HAVE A SEPARATION AGREEMENT, I AGREE TO SUBMIT A COPY TO NEFWC.

SIGNATURE

DATE

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED!!