

New England Farm Workers' Council  
FUEL ASSISTANCE PROGRAM  
1666 Main Street  
Springfield, Massachusetts 01103  
(413) 272-2209

Applicant: \_\_\_\_\_ Application Number: \_\_\_\_\_

**Child Support Notarization**



***TO BE COMPLETED BY THE PERSON GIVING THE SUPPORT***

Please be informed that I, \_\_\_\_\_, certify under the pains and penalties of perjury that the following is a true and complete account of the child support I pay to

\_\_\_\_\_  
Person ***RECEIVING*** the support

I pay \$ \_\_\_\_\_ weekly/bi-weekly/monthly (circle one).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**\*\*PROVIDE PROOF OF ADDRESS FOR PERSON PAYING SUPPORT**

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Person ***PAYING*** the support

**THIS STATEMENT MUST BE NOTARIZED**

State: \_\_\_\_\_

County: \_\_\_\_\_ ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_