

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: _____

Person ***PAYING*** the support

_____ Date

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: ____/____/____