

New England Farm Workers' Council
FUEL ASSISTANCE PROGRAM
473 MAIN ST., FL. 3
FITCHBURG, MA 01420
978-342-4520

Applicant: _____

Application Number: _____

Support Notarization Form

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 support I give to

Person ***PAYING*** the support

Person ***RECEIVING*** the support

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

I pay rent/mortgage ***INSTEAD*** of child support in the amount of \$ _____.

Name: _____

Address: _____

Home Phone: _____

Source of Income: _____

Work Phone: _____

Signature: _____
Person ***PAYING*** the support

Date

THIS STATEMENT MUST BE NOTARIZED

State: _____

County: _____

~~On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/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: _____ / _____ / _____