

Fuel and Electric Assistance Program





l,	, declare the following child support information	
print name		
For my children:		
•	full name of child/chil	
who legally reside(s) at:		
	full address	
☐ I receive child support in the If child support is not receive	State of in the amound through the state, documental	ant of \$ per ation may be required.
		Int of \$ per r from custodial parent, or bank statement)
I attest under the penalty of per	ury that all information giver	n is true, complete, and accurate.
ignature: Date:		Date:
	FOR OFFICE USE ONL	<u>Y</u>
	Support Hotline Verification:	
(Press 1 for English, Press 1 for I	Payee/Press 2 for Payer, Enter	SSN & #, Press 3 for last 5 payments)
Date of Payment:	Amount:	Received/Paid By:
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Verified By:	V	erified On: