

**TOWN OF COLCHESTER  
SOCIAL SERVICES**

**AFFIDAVIT CERTIFYING RECEIPT or NON-RECEIPT OF  
CHILD SUPPORT PAYMENTS**

I, \_\_\_\_\_, affirm that I **have not received** child support income from any source, including the State Dept. of Social Services or Social Security survivors/disability, for any of the children listed below in the past four (4) weeks.

I, \_\_\_\_\_, affirm that I **have received** support payments for the following children in the past four (4) weeks.

Child/children's Name	Name of Parent responsible for paying Child Support	Frequency and Amount of Payments

Comments:



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I herewith authorize Colchester Social Services to verify all financial information pertaining to myself and/or any member of my household with my/their employer(s), bank(s), credit union(s), loan company(s), or any other entity necessary. I understand that failure to report accurate information may result in my being disqualified from receiving assistance in the future.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Notarize

\_\_\_\_\_  
Date