



MS. LANA STOKES
EXECUTIVE DIRECTOR



PATERSON TASK FORCE

Home Energy Assistance Program

ROSA VELEZ—PROGRAM MANAGER

32 CIRCLE AVE	SATELLITE OFFICE	PATERSON NJ 07522
213 BROADWAY	SHELTER	PATERSON NJ 07501
109 WASHINGTON STREET	MAIN OFFICE	PATERSON NJ 07505

PHONE: (973) 279-2333

EMAIL: rvelez@patersontaskforce.com



BATCH _____

New Jersey is an Equal Opportunity Employer • Printed on Recycled paper and Recyclable

CHILD SUPPORT AFFIDAVIT

THIS FORM IS TO BE COMPLETED **ONLY** IF A MEMBER OF THE HOUSEHOLD RECEIVES CHILD SUPPORT VOLUNTARILY OR BY MUTUAL AGREEMENT

Applicant Name _____
(please print)

I, _____ (print name of Payer), DO swear that I pay child support to the above-named applicant in the amount of \$ _____ on a weekly, bi-weekly, or monthly basis.
(Circle one)

Name: _____

Address _____

City, State, Zip _____

Phone Number: _____

Signature of Payer

Date

I understand that by completing, signing, and dating this form, I declare the above information to be true. I understand that providing false information may result in denial of services.

Signature of Applicant

Date

Office Use Only: Client/Batch _____