

No Child Support Affidavit

I, _____, certify that I do not receive any child support payments for my children listed below and as dependent(s) on my Cash To Close Program affidavit.

Dependent's Name: _____ Age: _____

Dependent's Name: _____ Age: _____

Dependent's Name: _____ Age: _____

Dependent's Name: _____ Age: _____

I declare that under penalties of perjury that the foregoing representations are true, correct, accurate, complete and correct in all respects.

Signed, sealed and delivered on this _____ day of _____, 200

Print name

Signature

Current Address

Telephone

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

On this _____ day of _____, 200 , before me, the undersigned Notary Public, personally appeared the above-named _____ proved to me by satisfactory evidence of identification, being (check whichever applies): driver's license or other state or federal governmental document bearing a photographic image, oath or affirmation of a credible witness known to me who knows the above signatory, or my own personal knowledge of the identity of the signatory, to be the person whose name is signed above, and acknowledged the foregoing to be signed by him/her voluntarily for its stated purpose.

Notary:

My Commission Expires: _____

Qualified in the Commonwealth of Massachusetts