

**Mayor's Office of Housing – Boston Home Center
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 Application for Financial Assistance to assist in the purchase of a home in the City of Boston.

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 _____ 20___

Current Address

Telephone Number

Print Name

Signature

COMMONWEALTH OF MASSACHUSETTS - Suffolk, ss.

On this ___ day of _____, 20___, 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 acknowledge the foregoing to be signed by him/her voluntarily for its stated purpose.

Notary

My Commission Expires: _____

Qualified in the Commonwealth of Massachusetts