



**TRI-COUNTY**  
COMMUNITY ACTION

Serving Coös, Carroll & Grafton Counties since 1965



**Energy Assistance Services**

**Child Support Paid**

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Name of child/children for whom the support is paid:

Name of other parent: \_\_\_\_\_

Address of other parent: \_\_\_\_\_

Phone number of other parent: \_\_\_\_\_

**The Following Must Be Completed**

I declare from: \_\_\_\_\_ to: \_\_\_\_\_

I have paid a total amount of (last 30 days): \$ \_\_\_\_\_

in child support payments. (Attach proof of the payments made)

Child support payments paid privately:

**I certify under the penalties of perjury that this is true and accurate information.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

**Child Support Hotline Verification:**

**1-800-371-8844**

(Press 1 for English, Press 2 for Payor, Enter SSN &#, Press 2 for last 5 payments)

\_\_\_ No Information can be found for this social security number

\_\_\_ Payment information is currently unavailable

\_\_\_ Other: \_\_\_\_\_

**Client's Social Security Number:**

<u>Date Received:</u>	<u>Amount Received:</u>	<u>Received By:</u> <u>(State/Client)</u>
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	

**Verified By:** \_\_\_\_\_ **Verified On:** \_\_\_\_\_

Main Office: 610 Sullivan Street, Berlin, New Hampshire 03570  
Coos County (603)752-3248 Carroll County (603)323-7400 Grafton County (603)968-3560  
www.tccap.org