



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

Child Residency Agreement

We, the undersigned, both agree that _____
(Print name of Child/Children)

Reside(s) at: _____
(Print full address, city, state and zip code)

For the purpose of the Fuel/Electric application for _____
(Print name of applicant)

Is Child Support Received? Yes No

Is Child Support Paid? Yes No

If YES, Amount? _____ How Often? _____

Parent/Guardian Signature

Print Name

Parent/Guardian Signature

Print Name

Affix Seal:

Notary Use Only

Commission Expires: _____

Notary Signature: _____

Date: _____