



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

Child Residency Agreement

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

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

Furthermore, we agree that _____ may claim the above-named children on their Fuel/Electric Assistance application for PY 2022/2023.

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: _____

Rev 07/20/22 JP

63 Community Way
PO Box 603
Keene, NH 03431
Phone: (603) 352-7512
Fax: (603) 352-3618



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TTY-NH: (800) 735-2964

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Claremont, NH 03743
Phone: (603) 542-9528
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