

AFFIDAVIT IN CERTIFICATION OF ZERO INCOME

PART 1 (ZERO INCOME FOR ENTIRE HOUSEHOLD)

I, _____, AFFIRM THAT DURING THE LAST FOUR (4) WEEKS FROM MY APPLICATION DATE. MY HOUSEHOLD HAS NOT RECEIVED INCOME FROM ANY SOURCE, INCLUDING UNEMPLOYMENT BENEFITS OR SOCIAL SECURITY OR CHILD SUPPORT.

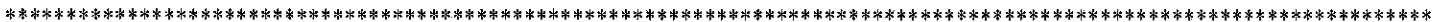
HOW HAVE YOU BEEN ABLE TO PAY YOUR HOUSEHOLD BILLS DURING THIS PERIOD? _____



PART 2 (ZERO INCOME OR PARTIAL INCOME FOR HOUSEHOLD MEMBERS AGE 18 AND ABOVE)

I AFFIRM THAT I OR SOME MEMBER(S) OF MY HOUSEHOLD, AGE 18 AND ABOVE HAVE NOT RECEIVED INCOME FROM ANY SOURCE, INCLUDING UNEMPLOYMENT BENEFITS OR SOCIAL SECURITY OR CHILD SUPPORT FOR THE LAST FOUR (4) WEEKS OR FOR THE SPECIFIC WEEKS MENTIONED BELOW.

1. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT ZERO INCOME DATES
2. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT ZERO INCOME DATES
3. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT ZERO INCOME DATES



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR THE REST OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

CASE NUMBER _____