

CERTIFICATION

I, _____, being duly sworn, depose and say that:

I CERTIFY, UNDER PENALTY OF LAW (SEC. 53A-157, CLASS A MISDEMEANOR) THAT THE BELOW INFORMATION IS THE TRUTH TO THE BEST OF MY KNOWLEDGE:

1. I believe in the obligation of an oath.
2. I am at least eighteen (18) years of age.
3. This affidavit is based upon my personal knowledge.
4. I have complied with all the requirements of Connecticut General Statutes Sec. 20-432.
5. I have obtained a judgement, order or decree, stating the amount thereof.
6. As of the date of this certification, the following amount remains outstanding from what was awarded to me in the judgment or order:

Amount Awarded on Judgment/Order:	\$
Amount Paid on Judgment/Order: If nothing was paid, enter -0-	\$
Balance Owed on Judgment/Order:	\$

7. I have caused to be issued a writ of execution upon said judgment, order or decree and the officer executing the same has made a return showing that no bank accounts or personal property of the contractor liable to be levied upon in satisfaction of the judgment, order or decree could be found, or that the amount realized on the sale of them or of such of them as were found, under the execution, was insufficient to satisfy the actual damage portion of the judgment, order or decree or stating the amount realized and the balance remaining due on the judgment, order or decree after application thereon of the amount realized.

In the event that I also receive moneys from any other source, such as from bankruptcy court or from the contractor, for this claim. I agree to repay the guaranty fund for any amount previously paid to me from the fund for this claim. In other words, I hereby assign all my rights, title and interest in any amount I may recover from the guaranty fund to the Commissioner of Consumer Protection.

NOTARIZED STATEMENT

On _____, 20____, before me personally appeared _____ of _____, Connecticut, known to me and made oath to the truth of the matters contained herein.

Signed (Applicant) _____

Subscribed and sworn to before me this _____ day of _____, 20____,

Signed: _____ Commission Expires: _____

Failure to fully complete this form may result in the denial or delay of your application