W-1106
(Revised
08/2026)

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 BUT NOT LIMITED TO, UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, CHILD SUPPORT, RENTAL INCOME, AND/OR CONTRIBUTIONS FROM FRIENDS OR RELATIVES.

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

_____

_____

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

I AFFIRM THAT I OR SOME MEMBER(S) OF MY HOUSEHOLD AGE EIGHTEEN (18) AND ABOVE HAVE NOT RECEIVED INCOME FROM ANY SOURCE, INCLUDING BUT NOT LIMITED TO, UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, CHILD SUPPORT, RENTAL INCOME AND/OR CONTRIBUTIONS FROM FRIENDS OR RELATIVES, 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**

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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

Case number: _____

_____
DATE

INSTRUCTIONS FOR COMPLETING APPLICANT'S AFFIDAVIT IN CERTIFICATION OF ZERO INCOME (W-1106)

PART 1 (ZERO INCOME FOR ENTIRE HOUSEHOLD)

The purpose of PART 1 of this form is to provide the applicant household with a written statement on which the applicant, on behalf of the household, swears or affirms to no income in the household for the four (4) consecutive weeks prior to the date of application. Certification of PART 1 must be completed as follows:

NAME: ENTER name of applicant.

HOW HAVE HOUSEHOLD BILLS BEEN PAID DURING THIS PERIOD? The applicant must declare the household's means of support for the four (4) week period prior to the date of application. For example, the applicant could explain what income was used to pay for rent or mortgage, telephone, utility, gas for
transportation, food or other typical household bills. The intake worker should inquire as to the last time these bills were paid. (If the applicant is unable to write, the intake worker is to assist in the writing of the declaration.) The declaration must be signed by the applicant and dated at the bottom of the form.

NOTE: Review this declaration to determine if any of the means of support listed there are in fact sources of income for which further
documentation would be required. If additional income documentation is required, complete the Checklist of Required Documentation. DO NOT DISCARD THE APPLICANT'S AFFIDAVIT IN CERTIFICATION
OF ZERO INCOME.

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

The purpose of PART 2 of this form is to provide the applicant household with a written statement on which the applicant, on behalf of any household member age eighteen (18) and above, swears or affirms to zero income for a specific week(s) within the four (4) consecutive weeks prior to the date of the application. This certification must be completed as follows:

HOUSEHOLD MEMBER: ENTER the name of the applicant or household member age eighteen (18) and above claiming zero income for the specific week(s).

DATE AND PLACE OF LAST EMPLOYMENT: ENTER the name of the company or organization where the household member was last employed. Enter the last date that the household member received income from the named income source.

ZERO INCOME DATES: ENTER the beginning and end dates of the specific week(s) for which the household member is claiming zero income.