State of Connecticut
Department of Social
Services (Revised 08/2026)

AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

I, _____, AFFIRM THAT I OR ANY MEMBER OF MY HOUSEHOLD **HAVE NOT RECEIVED CHILD SUPPORT INCOME FROM ANY SOURCE,** INCLUDING DSS OR SOCIAL SECURITY, FOR ANY OF THE CHILDREN LISTED BELOW FOR THE PAST FOUR (4) WEEKS.

CHILD SUPPORT IS **NOT BEING PAID** FOR THE FOLLOWING CHILD(REN):	NAME OF THE NON-CUSTODIAL PARENT RESPONSIBLE FOR PAYING CHILD SUPPORT

LIST THE BILLS, SERVICES, CHILDCARE, OR OTHER PAYMENTS THAT THE NON-CUSTODIAL PARENT PROVIDES ON BEHALF OF YOU AND THE CHILD (REN) IN LIEU OF REGULAR CHILD SUPPORT INCOME, AS WELL AS A FAIR MARKET VALUATION OF NON-MONETARY CONTRIBUTION(S).

_____

_____

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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 (2) 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

CEAP Application Number: _____

INSTRUCTIONS FOR COMPLETING APPLICANT'S AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

The purpose of this form is to provide a written statement in which the applicant, on behalf of the household, swears or affirms that no child support was received from a non-custodial parent for any of the children listed for the four (4) consecutive weeks prior to the date of application. **The form should be given to all households that include children who have one (1) or more non-custodial parents.** The form must be completed as follows:

ENTER name of applicant.

CHILD SUPPORT IS **NOT BEING PAID** FOR THE FOLLOWING CHILD (REN): ENTER the name of each child in the household for whom no child support is being paid by a non-custodial parent.

ENTER complete name of the child's non-custodial parent.

AUTHORIZATION AND RELEASE OF INFORMATION

This section authorizes the State Department of Social Services or its representative to obtain financial information as it concerns the applying household, and to verify any information provided by the applicant. It further certifies that the applicant has given true and correct information and is aware of the penalties for failure to report accurate information. The authorization must be completed as follows:

APPLICANT'S SIGNATURE: Applicant must sign the authorization.

DATE: ENTER date authorization is signed.

CEAP application number: ENTER Energy Application number.

GIVE A COPY OF THIS FORM TO THE CLIENT. THE ORIGINAL DOCUMENT MUST BE KEPT IN THE ENERGY FILE.