

Family: \_\_\_\_\_

NO INCOME CERTIFICATION

I hereby certify that I am unemployed and not receiving any type of income from any local, state or federal agency at the present time.

Furthermore, I agree to immediately notify the State of Connecticut Department of Mental Health and Addiction Services of any changes when I become gainfully employed and/or when I begin to receive assistance/income from any local, state or federal agency, and/or any other source.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CERT. HOLDER

\_\_\_\_\_  
DATE