



Energy Storage Solutions - Affidavit of Household Size & Statement of No Income

To be completed by Customer and verified and kept on file by Contractor for CGB audit.

List **ALL** individuals 15 years or older that live in household:

List **ALL** individuals 15 years or older that live in household with **no current income**:

“I affirm that the individuals listed above are over the age of 15 years, live in my household, and have had no income in the four weeks before the date this affidavit is signed below. This means they have not received income from but not limited to: work, a pension, unemployment or worker's compensation, cash assistance from the Connecticut Department of Social Services (Temporary Family Assistance, State Supplement or the State Administered General Assistance program), benefits from the Social Security or Veteran's Administration, child support, interest, or any other income source. I affirm that the information in this form is accurate.”

Customer Signature _____ **Date** _____

Customer Full Name _____

Contractor Signature _____ **Date** _____

Contractor Company Name _____

Contractor Full Name _____