

**CARES ACT  
AFFIDAVIT OF COMPLIANCE**

JD-HM-41 Rev. 1-26  
C.G.S. §§ 47a-23, 47a-23a; 15 USC § 9058

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
www.jud.ct.gov



|                   |                  |               |
|-------------------|------------------|---------------|
| Judicial District | Address of court |               |
| Name of case      |                  | Docket Number |

1. Did the notice to quit in this action give the tenants at least 30 days to vacate?  
(*may be completed by plaintiff or plaintiff's counsel*)  
☐ Yes *Complete Line 8 below.*  
☐ No *Go to Question 2.*
2. Is any part of the eviction complaint based upon non-payment of rent for a residential property?  
(*may be completed by plaintiff or plaintiff's counsel*)  
☐ Yes *Go to Question 3.*  
☐ No *Complete Line 10 below.*
3. Do you receive rent payments from Section 8 or similar federal rental assistance program, or any other form of federal rental assistance on behalf of any occupants in the dwelling unit?  
☐ Yes *Complete Line 9 below.*  
☐ No *Go to Question 4.*
4. Is the property receiving any form of federal financial assistance or financing (such as a Federal Housing Administration loan, or federal low-income housing tax credits) or is the property still subject to federal rules because it previously received federal financial assistance?  
☐ Yes *Complete Line 9 below.*  
☐ No *Go to Question 5.*
5. Is there a mortgage on the property?  
☐ Yes *Go to Question 6.*  
☐ No *Complete Line 10 below.*
6. Is the mortgage on the property secured by Fannie Mae or Freddie Mac?  
Check both of the websites below to see if the property is listed:  
Fannie Mae: <https://www.knowyouroptions.com/loanlookup>  
Freddie Mac: <https://myhome.freddie.mac.com/resources/loanlookup>  
☐ Yes I have checked these websites and my property is listed there. *Complete Line 9 below.*  
☐ No I have checked these websites and my property is not listed there. *Complete Line 10 below.*  
☐ I have not checked these websites. *Go to Question 7.*
7. I contacted my mortgage servicer and asked the servicer to determine whether any mortgage on the property is currently owned or securitized with any federal financing. If the servicer's answer is:  
☐ Yes *Complete Line 9 below.*  
☐ No *Complete Line 10 below.*  
☐ I don't know *Complete Line 11 below.*  
☐ I have not contacted my mortgage servicer. *Complete Line 11 below.*
8. ☐ The notice to quit provided at least 30 days to vacate. *Please sign this affidavit.*
9. ☐ The property **is covered** by the CARES Act and a 30-day notice to quit is required. *Please sign this affidavit.*
10. ☐ The property **is not covered** by the CARES Act. *Please sign this affidavit.*
11. ☐ It is **uncertain whether or not** the property is covered by the CARES Act. *Please sign this affidavit.*

|                                    |                                      |                                                                      |
|------------------------------------|--------------------------------------|----------------------------------------------------------------------|
| Signed (Affiant)<br>▶              | Print or type name of person signing | Date signed                                                          |
| Subscribed and sworn to before me: | on Date                              | Signed (Assistant Clerk, Notary, Commissioner of the Superior Court) |

**IMPORTANT NOTICE: Certification on page 2 is required and must be completed**



**ADA Accommodations**  
ADAProgram@jud.ct.gov  
<https://www.jud.ct.gov/ADA>



**Interpreters**  
Free language services available  
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Servicios de asistencia lingüística gratuita están a su disposición  
Serviços de assistência linguística gratuitos estão à disposição

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## Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on *(date)* \_\_\_\_\_ to all counsel and self-represented parties of record and that written consent for electronic delivery was received from all counsel exempt from e-filing and self-represented parties of record who received or will immediately be receiving electronic delivery.

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Name and address of each party and attorney that copy was or will be mailed or delivered to\*

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*\*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.*

|                                                                   |                                      |                  |
|-------------------------------------------------------------------|--------------------------------------|------------------|
| Signed <i>(Signature of filer)</i><br>▶                           | Print or type name of person signing | Date signed      |
| Mailing address <i>(Number, street, town, state and zip code)</i> |                                      | Telephone number |

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