

## STATEMENT OF NO INCOME

This form must be completed by any adult household members who are claiming zero income of any kind.

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_ have not had any income for the past \_\_\_\_\_ months.

I am (Please check all that apply)

- Unemployed
- Stay at-home parent or guardian
- Retired without a pension
- Student
- Other \_\_\_\_\_

My rent/house payment, utilities, food, and transportation expenses are being paid for by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.*

Parent name (print) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Authority \_\_\_\_\_ Date \_\_\_\_\_