

# STATEMENT – VERIFICATION OF NO INCOME

I \_\_\_\_\_ as the parent/legal guardian of  
(Print Parent/Guardian Name)

\_\_\_\_\_ I do hereby certify that I or any  
(Child's Name)

other parent/guardian of the above named child have no income from any source that includes, but not limited to: wages from employment, unemployment benefits, TANF, SSI, Social Security, and/or child support.

I understand that my signature is certification that all information provided regarding my family and income is true and correct.

I further understand that by certifying any incorrect information, I am committing a fraudulent act and that my child may be removed from the program if such incorrect information is discovered.

\_\_\_\_\_  
Signature – Parent/Guardian Date

\_\_\_\_\_  
Certifying Staff Signature Date

\_\_\_\_\_  
Witness Date