

# STATEMENT – VERIFICATION OF NO INCOME

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

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

other parent/guardian of the above named child do not have 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.

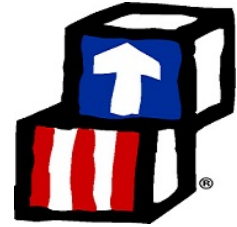
\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Highland Rim Head Start  
**Declaration of No Income**



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Child's Name

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Parent/Guardian Name

Please help us understand how the family has been managing with no income. Please answer each question as to how living expenses were paid during the relevant time period.

1. Do you receive money on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how often do you receive it, and from what source do you receive it?

If No, please explain:

2. How have you been paying for your housing?
3. How have you been paying for utilities?
4. How have you been paying for your transportation expense?
5. How have you been paying for food?
6. Other expenses and source of payment:
7. Additional information:

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Parent/Guardian Signature and Date

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HRHS Staff and Date