

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 _____

DECLARATION OF INCOME FOR IRREGULAR EMPLOYMENT

This form must be completed by any adult household members who are employed intermittently, self-employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____, state that my income or support comes from:

Self-employment (provide most recent IRS Form 1099) _____

Parents/Family (attach a statement from person providing support)

Circle all that apply: Seasonal employment Irregular employment Cash payments

Provide gross income for the past 12 months:

MONTH	GROSS INCOME

MONTH	GROSS INCOME

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 _____