

STATEMENT OF NO (ZERO) 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, (print) _____ have not had any income for the past _____ months.

I am (check ALL that apply):

- Unemployed Stay at-home parent/guardian Retired without a pension
 Student Other: _____

I give permission for Prime Time Head Start to contact the listed person(s) who is/are providing my family support at this time. Parent name (print) _____ Parent signature _____ Date _____

Third Party Name: _____ Contact #: _____

Relationship to you: _____ Relationship to child: _____

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Relationship to you: _____ Relationship to child: _____

Please indicate what type of support this person(s) is providing you and your family (check ALL that apply):

- Housing at his/her residence Address: _____ City: _____ State: ____ Zip: _____
 Rent/house Payments Utilities Food Cash Assistance Transportation expenses

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 _____

Staff only

THIRD PARTY VERIFICATION NOTES: Describe efforts made to verify parent/guardian's status of Zero Income, including content of third-party conversations (if permitted by family) or conversations with family to explain/describe current circumstances. _____

I certify that I have taken the required steps to verify the eligibility information provided to me by this family.

Staff name (print) _____ Staff signature _____ Date _____