

**Parent/Guardian and/or Friends CERTIFICATION OF FINANCIAL/HOUSING/LIVING SUPPORT**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name (1) Receiving Support: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name (2) Receiving Support: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Person Providing Support to Family Listed above: \_\_\_\_\_ Phone: \_\_\_\_\_**

Relationship to Parent/Guardian Name (1) Receiving Support: \_\_\_\_\_

Relationship to Parent/Guardian Name (2) Receiving Support: \_\_\_\_\_

Please indicate what type of support you are providing the family listed above (check ALL that apply):

- Housing at your residence    Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
- Rent/house Payments
- Utilities
- Food
- Transportation expenses
- Cash Assistance

Reason for support (check ALL that apply):

- Parent(s)/guardian(s) of child are working but still unable to support family without my contributions.
- Parent(s)/guardian(s) of child is/are unemployed.
- Parent(s)/guardian(s) of child is/are disabled.
- Parent(s)/guardian(s) of child is/are experiencing homelessness.
- Other: \_\_\_\_\_

I certify that I have provided to Prime Time Head Start complete and accurate information to the best of my knowledge in regards to the family indicated in this document.

\_\_\_\_\_  
Person Providing Support PRINTED NAME    Person Providing Support SIGNATURE    Date

***OFFICE USE ONLY***

Attaching form to:

- Parent/Guardian Certification of Homelessness Document
- Declaration of Income for Irregular Employment

Prime Time Staff (Printed Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_