

Statement of No Income (Optional)



Child Name: _____

I, _____ do hereby declare that neither I, nor any member of my household, has received any income for the months of: _____

My basic living needs are being met in the following manner:

Food:

Shelter:

Utilities:

I certify that the information contained in this Statement of No Income is complete and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Witness:

Staff Signature

Date

Staff Name (Print)

Date