



## Office of Early Childhood

# Statement of No Income

*For use with CCAP B-3 Seats, Early Childhood Education Fund, LA4, or NSECD Publicly Funded Seat Programs*

This form must be completed by the head of household, legal or non-legal spouse of the head of household, or minor unmarried parent aged 16-18 years if claiming zero income of any kind. This means the signing party is not receiving employment income, child support, social security income, or any other financial benefits.

Name\_\_\_\_\_ Child's Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_

I, \_\_\_\_\_ (name), have not had any income of any kind for the past \_\_\_\_\_ months. I am (please check all that apply):

- ☐ Actively Seeking Employment
- ☐ Student
- ☐ Experiencing Homelessness
- ☐ Other (please explain) \_\_\_\_\_

My rent/mortgage payment, utilities, food, and transportation expenses are 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.*

Name\_\_\_\_\_ (Print)

Name\_\_\_\_\_ (Sign) Date\_\_\_\_\_

### **Certification by Community Network Lead Agency Administrator to be completed after Receiving from Family**

Approving Authority (Ready Start Network Eligibility Team Member)\_\_\_\_\_ (Print)

Approving Authority (Ready Start Network Eligibility Team Member)\_\_\_\_\_ (Sign)

Approving Authority (Ready Start Network Eligibility Team Member)\_\_\_\_\_ (Date)