Crossroads Head Start and Early Head Start
Verification of No Income

I, _____ state I **do not have** any of the following sources of income listed below. I understand this document will be used in processing my child/children's application as well as determining my child's eligibility for the Head Start and/or Early Head Start program.

- Income from full or part-time employment
- Income from seasonal or migrant work
- Receive child support
- Receive unemployment benefits
- Receive workers compensation benefits

In addition, I am affirming I have filed a state or federal tax return in the past (12) months but does not reflect my current status with regard to income.

My basic needs such as food, shelter, clothing and personal hygiene are being met in the following ways or by the following people.

_____

_____

_____

_____

Parent(s) Signature Date

_____

Crossroads Staff Signature Date

Confirmation Statement: I, _____ affirm the information above is true and correct to the best of my knowledge.

My relationship to the above name person is: _____

Signed: _____ Date: _____ Phone: _____

Confirmation Statement: I, _____ affirm the information above is true and correct to the best of my knowledge.

My relationship to the above name person is: _____

Signed: _____ Date: _____ Phone: _____