

**WAGE / "NO INCOME" VERIFICATION FORM**

*This form is to be completed if you are unemployed, paid cash or do not receive pay stubs.*

Parent/Guardian: \_\_\_\_\_

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

**I am Employed.**

**I am Self-Employed.**

I earned \$ \_\_\_\_\_ income during the past twelve months.

Company Name/Title: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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**I am a stay at home parent.**

**I am Unemployed.** (Complete the following section)

During the past 12 months has your family received:

\$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

Child Support?  Work First/TANF?  Food Stamps/SNAP/EBT?

Supplemental Security Income?  Social Security Administration Income?

Workers Compensation?  Retirement Pensions?

Rental Income?  Veterans/Military benefits?

Please describe how you have been meeting expenses for your family's basic needs for food, clothing and shelter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**My signature below certifies that to the best of my knowledge all the above information is true and accurate.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATION OFFICE use only: STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_