

STATEMENT OF NO INCOME

This form must be completed by any parents or guardians who are claiming zero income of any kind.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____ have not had any income for the past _____ months.

I am (Please check all that apply)

- Unemployed
- Stay at-home parent or guardian
- Retired without a pension
- Student
- Other _____

My rent/house payment, utilities, food, and transportation expenses are being paid for by:

Name of person providing support _____

Relationship / Affiliation _____ Place of Employment _____

Phone _____

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. I give Ascension Parish School Board permission to contact the person named to verify support.

Parent name (print) _____

Parent signature _____ Date _____

APSB Approving Authority _____ Date _____