



Statement of Income / No Income

Child's Name	DOB
Parent / Guardian Name	
For Head Start Eligibility, income is defined as :	
<p>Income means gross cash income and includes earned income, military income (including pay and allowances), veterans' benefits, Social Security benefits, unemployment compensation, and public assistance benefits.</p> <p><i>*Census money income is defined as income received on a regular basis before payments for personal income taxes, social security, union dues, Medicare deductions, etc.*</i></p>	
Check one	<input type="checkbox"/> Statement of No income (Must be completed by family with \$0 income.) <input type="checkbox"/> Statement of undocumented income (Must be completed for all undocumented income.)
<p>PARENT / GUARDIAN COMPLETES THIS PORTION</p> <p>As the parent / guardian of the child applying for Head Start services, I certify that I/we had \$ _____</p> <p>income from _____ to _____</p> <p>Parent Explanation _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>I understand that if I provide false information about my income or my family situation, my child may be denied services.</i></p> <p>Parent/ Guardian Signature: _____ Date: _____</p> <p>*****</p> <p><u>I have determined to the best of my ability that the information provided by the family is true and reflects the family's income and verifies their eligibility for acceptance into the Head Start program. (45 CFR 1302.12(c) (d)(i)(j)(k))</u></p> <p>Staff Signature: _____ Date: _____</p>	