

AFFIDAVIT OF NO INCOME

INSTRUCTIONS: Complete the information below if you indicate eligibility based on “NO INCOME” on the “Multi-Child Free and Reduced Price School Meals Application” for the current school year.

STUDENT NAME: <i>First</i> <i>Middle</i> <i>Last</i>			STUDENT ID #:	
DATE OF BIRTH: (mm/dd/yyyy)	AGE AS OF SEPT 1:		GRADE LEVEL:	CAMPUS:

PARENT/LEGAL GUARDIAN NAME: <i>First</i> <i>Middle</i> <i>Last</i>			DATE OF BIRTH: (mm/dd/yyyy)
SOCIAL SECURITY #	DRIVER'S LICENSE/STATE ID#	NAME OF PREVIOUS PLACE OF EMPLOYMENT	LAST DATE OF EMPLOYMENT
NAME OF PREVIOUS SUPERVISOR/BOSS: <i>First</i> <i>Last</i>			PHONE # OF PREVIOUS EMPLOYER

This is to verify that I am currently unemployed and that I and my child(ren) do not receive any type of monetary income or government assistance benefits at this time, due to the following reasons/circumstances (check all that apply):

- ☐ I have NEVER been employed
 ☐ Lack of work/unable to find work
☐ Unemployment benefits terminated/not eligible
 ☐ Divorce/Separation from main financial provider
☐ Natural Disaster
 ☐ Serious/Terminal Illness
☐ Other _____

Enrolling Parent/Legal Guardian must write a detailed explanation of how the family meets basic needs (who is currently supporting you and your child(ren), frequency of the support, in what manner – room and board, food, etc).

Please print statement below:

PARENT/LEGAL GUARDIAN AFFIRMATION

I certify that this information is true. If any part is false, I understand that my child's participation in the Carroll ISD programs will be terminated and I will be subject to legal action under applicable state and federal laws (Penal Code 37.10 & TEC 25.001). I also understand that this information will be held in the strictest confidence with the school district.

Parent/Guardian Signature:

Date

Signature of Administrator or Authorized Designee

Date