



**YMCA/EARLY LEARNING
HEAD START/EARLY HEAD START PROGRAM**

ZERO INCOME DECLARATION

I, _____ the parent of _____
do hereby declare that I currently have \$0.00 income.

The last income received was from _____
Agency/Employer Date

I am unable to work because _____

My basic living needs (shelter, food, utilities) have been with the assistance of the person indicated below
or as described below:

Do you give us consent to contact the person or agency assisting you with your basic living needs?

Yes No

If yes, please complete the section below:

Name: _____ Phone Number: _____

Relationship: _____ Title: _____

Address: _____

Street

City & State

Third Party Statement

I certify that the information provided in this form is true to the best of my knowledge. I understand that if I knowingly provide false information, my family's participation in the program may be terminated. I also understand that this information will be held in strict confidence within the program and is accessible to me during normal business hours.

Parent/Legal Guardian Signature Date

FSA/Staff Signature Date