

Statement of No Income

*For use with the Cecil J. Picard Early Childhood Program (LA 4) or
the Nonpublic Schools Early Childhood Development Program (NSECD)*

This form must be completed by the head of household and/or the head of household's legal or non-legal spouse if they are claiming zero income. By signing this form, you are confirming that you do not receive wages, child support, Social Security benefits, or any other type of earned or unearned income or financial assistance.

Child's Name _____

Name _____

Address _____

City, State, Zip Code _____

Phone _____

Email _____

I, _____ (print name), certify that I currently have no earned or unearned income from any source. I am not receiving wages, self-employment income, unemployment compensation, child support, Social Security benefits, disability benefits, cash assistance, or any other form of monetary support. I further affirm that I have not received income of any kind during the past ____ months.

Please briefly describe the circumstances that have resulted in your current lack of income. Check all that apply or provide a short explanation:

- ☐ Retired without pension or retirement benefits
- ☐ Unemployed and not receiving unemployment compensation
- ☐ Full-time student with no employment
- ☐ Stay-at-home parent or caregiver
- ☐ Living with family or friends who do not provide financial support
- ☐ Other (please explain): _____

My rent or mortgage, utilities, food, transportation, or other living expenses are paid for by:

_____ (print person's name). Amount paid monthly _____

I understand that this statement is being provided for the purpose of determining eligibility for a publicly funded pre-K program. I certify that the information provided above is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may affect my child's eligibility to participate in a publicly funded pre-K program.

Name (Print) _____

Signature _____

Date _____

Signature of Authorized Personnel _____ Date _____