



Office of Early Childhood

Statement of No Income

For use with CCAP B-3 Seats, Early Childhood Education Fund, LA4, or NSECD Publicly Funded Seat Programs

This form must be completed by the head of household, legal or non-legal spouse of the head of household, or minor unmarried parent aged 16-18 years if claiming zero income of any kind. This means the signing party is not receiving employment income, child support, social security income, or any other financial benefits.

Name_____ Child's Name_____

Address_____

City, State, Zip Code_____

I, _____ (name), have not had any income of any kind for the past _____ months. I am (please check all that apply):

- ☐ Actively Seeking Employment
- ☐ Student
- ☐ Experiencing Homelessness
- ☐ Other (please explain) _____

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

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.

Name_____ (Print)

Name_____ (Sign) Date_____

Certification by Community Network Lead Agency Administrator to be completed after Receiving from Family

Approving Authority (Ready Start Network Eligibility Team Member)_____ (Print)

Approving Authority (Ready Start Network Eligibility Team Member)_____ (Sign)

Approving Authority (Ready Start Network Eligibility Team Member)_____ (Date)