

No Income Statement

RurAL CAP Head Start / Early Head Start

Child's Name: _____ **Site:** _____

Dear Parent/ Guardian,

You indicated on your child's enrollment application that you have had "**No Income**" for the previous twelve (12) months.

Please read and initial each section you did not receive any type of income:

- _____ I acknowledge I/ we do not have a **Tax Return** for the previous year
- _____ I acknowledge I/ we do not have any **W-2's** for the previous year
- _____ I acknowledge I/ we do not have any **Check Stubs** for the past 12 months
- _____ I acknowledge I/ we did not receive any **TANF/ ATAP Assistance** for the past 12 months
- _____ I acknowledge I/ we did not receive any **Unemployment Assistance** for the past 12 months
- _____ I acknowledge I/ we did not receive have any **Social Security Income** for the past 12 months
- _____ I acknowledge I/ we did not receive any **Alaska Permanent Fund Dividends** (PFD) in the past 12 months (*If your PFD was garnished, it is still considered income received*)

If you received a PFD, please complete: PFD Year: _____ PFD Amount: _____

*By signing and dating this statement, you are acknowledging that you have had "**No Income**" in the past twelve (12) months and you have made every effort to provide the program with any applicable types of income to determine your child's eligibility for the Head Start/Early Head Start program.*

PRIMARY Parent/Guardian Printed Name: _____

PRIMARY Parent/Guardian Signature: _____ **Date:** _____

SECONDARY Parent/Guardian Printed Name: _____

SECONDARY Parent/Guardian Signature: _____ **Date:** _____

*I have reviewed this with the parent/guardian(s) and determined they had "**No Income**" in the past twelve (12) months.*

STAFF Printed Name: _____

STAFF Signature: _____ **Date:** _____