

# Tri-County Head Start/Early Head Start

## Applicant's Declaration of Income

This statement may be used only in cases where other proof of income cannot be provided. A Head Start/Early Head Start member can fill out the top portion and the parent/guardian will sign as a verification of income.

Parent/Guardian \_\_\_\_\_ Child \_\_\_\_\_

### Check all that apply:

- Is unemployed and has received no income in the last 12 months.
- Receives \$ \_\_\_\_\_
  - per week
  - every two weeks
  - monthly
  - Quarterly (Every 3 Months)from \_\_\_\_\_ in order to support applicant and child(ren).
- Lives with \_\_\_\_\_, who provides room and board for applicant and child(ren).
- Works for \_\_\_\_\_ on an as needed basis and has made approximately \$ \_\_\_\_\_ in the past 12 months. (We will also need a separate statement from the employer for verification).

I certify that the above information is true. I understand that if any information is found to be false, my participation in this agency's programs may be terminated, and I may be subject to legal action. I also understand that this information is confidential and is accessible to me during normal business hours.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Tri-County Head Start/Early Head Start

## Applicant's Declaration of Income

Please help us understand how you have been managing with little or no income by answering this question:

How have you been paying for your rent/house payment, utilities, and transportation expenses the last 12 months?

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Additional Information: *Staff use only*

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I certify the above information is true and understand staff will contact a third party for confirmation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date