



# West Baton Rouge Parish Head Start & PreK

## Statement/Declaration of No Income & Third Party Verification (Head Start Only)

☐ BES ☐ CVS ☐ PAES

This form must be completed by any adult household members who are claiming zero income of any kind.

Child's Name:		Relationship to Child:	<input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
Adult Household Member's Name:		Phone Number:	
Address:		Email Address:	

☐ Yes, I certify that I have not had any income for the past \_\_\_\_\_ months.

Income: Check all that apply.

I am...

- ☐ Unemployed  
☐ Stay At-Home Parent or Guardian  
☐ Retired without a Pension  
☐ Student  
☐ Other: \_\_\_\_\_

Support:

My rent/house payment, utilities, food and transportation expenses are being paid by:

\_\_\_\_\_  
\_\_\_\_\_

If Applicable, Third Party Verification (Head Start Only)

☐ Yes, I give my consent for Head Start staff to contact third parties, if necessary, to verify the information that I have provided regarding my family's eligibility.

Name of Third Party:		Phone Number:	
Title:		Affiliation:	

Certification:

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.

Parent's Name: (Printed)			
Parent's Signature:		Date:	
Approving Authority:		Date:	