



## Statement of No Documentation of Income

**This form should be completed by designated Contracting Agency staff and NOT the family**

**Child's Name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Purpose:** To be used when a family states that they **do not have documentation of income**

**Section 3 (A.2)** Families must submit sufficient income documentation **at the time** of the application process in order for the Contracting Agency to verify the child's eligibility. Income calculated must be based on documentation that accurately reflects the family's yearly earnings for the applicable year or their **current** situation at the time of application.

**Guidance:** Questions to consider asking to gather useful information as it relates to the family's income situation:

<p><b>Can you get a written statement from your employer?</b> If so, make sure the statement:</p> <ul style="list-style-type: none"> <li>- Reflects the most recent pay periods</li> <li>- Includes the amount <b>and</b> frequency of pay (<i>including overtime</i>)</li> <li>- Is signed by the employer</li> <li>- Is documented on letterhead (<i>if available</i>)</li> </ul>	<p><b>Did you have any receipts?</b></p> <ul style="list-style-type: none"> <li>• If so, take what they have and calculate it for the correlating months and document it.</li> </ul>
<p><b>Are you self-employed?</b></p> <ul style="list-style-type: none"> <li>• If so, did you file taxes? If yes, ask for their 1099. If no, ask how much they earned per month.</li> </ul>	<p><b>Do you pay other employees?</b></p> <ul style="list-style-type: none"> <li>• If so, ask for their 1099 or receipts of income prior to paying expenses (including employee pay). They may have documentation of revenue and expenses.</li> </ul>

**Complete the following section if the family meets one of the following criteria:**

- The family has no documentation due to homelessness
- The family is self-employed/contractually employed and financial records have either been lost/destroyed or not kept.
- The family is unable to produce sufficient income documentation.

**Estimated Income (ask the family to estimate income earned from the preceding 12 months)**

Amount	Month	Year	Source
\$	Jan	20__	
\$	Feb	20__	
\$	Mar	20__	
\$	Apr	20__	
\$	May	20__	
\$	June	20__	

Amount	Month	Year	Source
\$	July	20__	
\$	Aug	20__	
\$	Sep	20__	
\$	Oct	20__	
\$	Nov	20__	
\$	Dec	20__	

**Total Estimated Annual Income:** \_\_\_\_\_

**Reason:** Why is the family reporting that they have **NO DOCUMENTATION OF INCOME?**

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

\_\_\_\_\_  
**Parent(s)/Guardian(s) Signature(s)**

\_\_\_\_\_  
**Date**

*Signature certifies that the information provided is true. Providing false information may impact a child's NC Pre-K eligibility or enrollment.*

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

\_\_\_\_\_  
**Date**

*Signature serves as proof of verification to determine eligibility based on the information provided by the parent/guardian during the date of application.*