

Statement of No 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 any 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:		
How do you support yourself?	Did you work any part of the year?	
	• If so, ask for proof. If they do not have proof, fill out the Statement of No Documentation of Income	
 Are you receiving assistance from anyone else? If so, how long? Are you living in the same household? 	 Did you apply for unemployment at any time during the preceding year? If so, were you approved or denied? (Ask for approval/print out or denial letter) 	
Are you receiving assistance from any of the following resources:		
 Medicaid/Food Stamps 		
 Rental Assistance/Utility Assistance 		
○ Other		

• Other:

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

Under penalty of law, I (Parent/Guardian)		declare that I have
no income of any kind, earned or unearned. I also dec	lare that	<i>ı</i>
provides (or has provided) basic living expenses (such	as but not limited to housing, foc	od, and clothing) free of cost
to me and my child/children from	_to	

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.