|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | | | | | | Spokane Head Start /ECEAP/EHS  ERSEA/ERPEA DECLARATION OF NO-INCOME | | | | |
|  | | | | | | | | | | |
| Child’s Last Name | | | |  | | | First |  | | |
| I, , do hereby declare that neither I nor any member of my household has received any income for the last twelve (12) months, including child support or income from family members. | | | | | | | | | | |
| I/We have been meeting my/our basic needs (food, shelter and utilities) in the following ways: | | | | | | | | | | |
| FOOD: | |  | | | | | | | | |
| SHELTER: | |  | | | | | | | | |
| UTILITIES: | |  | | | | | | | | |
|  | | | | | | | | | | |
| I certify that the information contained in this declaration is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. | | | | | | | | | | |
| Signature |  | | | | | | | | Date signed |  |
| **WITNESSED BY:** | | | | |  | | | |  |  |
| Staff Signature | | |  | | | | | | Date signed |  |