CERTIFICATION OF NO INCOME

(To be completed by **each** parent, legal guardian, or stepparent residing in the household and claiming **no income** from any source)

Child's Name: _____

I. Parent/Stepparent/Legal Guardian: _____
II. Parent/Stepparent/Legal Guardian: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
b. Income from operation of a business;
c. Social Security (SSA), Supplemental Security Income (SSI);
d. Rental income from real or personal property;
e. Annuities, retirement, pensions, or death benefits;
f. Unemployment or disability payments;
g. Public assistance (Work First/ Cash Assistance);
h. Child support or Alimony;
i. Sales from self-employment (Avon, Mary Kay, Lawn Mowing, etc.);
j. Any other source not named above.

2. Choose one:

I. Parent/Stepparent/Legal Guardian: _____

☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

II. Parent/Stepparent/Legal Guardian: _____

☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

b. I will be using the following sources of funds to provide for my family:

_____

_____ _____
Parent/stepparent/legal guardian Date

_____ _____
Parent/stepparent/legal guardian Date

_____ _____
Staff Signature (**for agency use ONLY**) Date