

ZERO INCOME DECLARATION LETTER

Name of Parent	_____
Name of Child	_____
Program Name	_____ Program Year _____
Date	_____

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):

- ✓ I agree to notify the above program about changes in my income within 30 days of the change.
- ✓ I certify that the information submitted is accurate and true to the best of my knowledge. I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

Parent Name _____

Parent Signature _____

Reviewer Name _____

Reviewer Signature _____

Date _____