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| --- | --- |
| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | Spokane Head Start /ECEAP/EHSERSEA/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 |       |