



# NHA Head Start Income Self-Declaration



Child/Applicant Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Site (if known) \_\_\_\_\_

**Purpose of Income Self-Declaration:**

To be used to gather additional information from the parent/guardian or Applicant if the parent/guardian or Applicant cannot produce documentation of income, and is reporting income.

**Instruction:**

Staff is to interview the parent/guardian or Applicant and document responses.

<p><b>1. What type of work do you do?</b></p> <p>Do you own your own business? <input type="checkbox"/> no <input type="checkbox"/> yes    Business Name _____</p>
<p><b>2. On average, how many hours a week do you work?</b> <input type="checkbox"/> not applicable</p>
<p><b>3. Why is income documentation not available?</b></p>
<p><b>4. For the past 12 months, I have received the amount of \$ _____?</b></p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> Other _____</p> <p>Income is Received from the following source(s): <input type="checkbox"/> Employment <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____</p>

**Fraud Statement:**

I certify under the penalty of perjury, that the above information is true and correct. I understand that should it be determined that I have purposefully withheld or falsified information, I could lose my Head Start/Early Head Start services. I acknowledge that I will receive official notification if I am accepted into the program.

\_\_\_\_\_ Date

Full Signature of Parent/Guardian or Applicant  
Acknowledgement Given:  Verbally (Although signature of parent/guardian or Applicant is unable to be obtained, they have verbally acknowledged the fraud statement)

\_\_\_\_\_ Date

Full Signature of Staff

To be Completed by Staff		
Based on the interview with the parent/guardian/Applicant, I have determined that eligibility information has been reported truthfully, to the best of my knowledge.		
_____	_____	_____
Full Signature of Staff	Print Name of Staff	Date