



NHA Head Start Zero Income Declaration



Child/Applicant Name _____ Parent Name _____

Site (if known) _____

Purpose of Zero Income Declaration:

To be used to gather additional information from the parent/guardian or Applicant if the parent/guardian or Applicant is reporting Zero Income.

Instruction:

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

1. What source of funds do you use to pay for food expenses for you and your child(ren)?
2. What source of funds do you use to pay for rent/shelter for you and your child(ren)?
3. What source of funds do you use to pay for your utility expenses?
4. What source of funds do you use to pay for your transportation expenses?

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