

# Zero Income Verification Statement

Child's Full Name \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

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I also receive assistance from:

SNAP

Medicaid

WIC

Other: \_\_\_\_\_

**I understand that by completing, signing and dating this form, I declare that I have no income and that the information I am providing is correct. I understand that providing false information may result in denial of services.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date