



**Spokane Head Start /ECEAP/EHS
ERSEA/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 _____