

## Zero Income Declaration Statement

FID: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's DoB: \_\_\_\_\_ Teen Parent? Yes No

Parent/Guardian's Name: \_\_\_\_\_  
(If Teen Parent)

Child's Name: \_\_\_\_\_ Child's DoB (or Due Date): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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**Please explain how basic needs are being met:**

Shelter:

Food:

Clothing:

Describe Living Situation:

Income Support:

Services Received:

Family declares, based on the reasons listed above, that family income is \$ \_\_\_\_\_, annually.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Teen Parent)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*For the purposes of determining eligibility based on family income, a pregnant woman and each unborn child are counted as separate members of the household.*

*\*\*In the case of a teenage mother, her own income determines her or her child's eligibility regardless of her parent's income*