

**JCCEO CHILD DEVELOPMENT SERVICES**  
**HEAD START** **EARLY HEAD START**

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**NON-INCOME VERIFICATION DECLARATION**

*(This form must be notarized by a Notary Public)*

*(Please print)*

This is to verify that I have provided support to:

Parent's Name: \_\_\_\_\_ including shelter,  
*Last name,* *First name*

food, laundry, and incidentals from:

Date: \_\_\_\_\_ to date: \_\_\_\_\_

Supporter's Name (Please Print) \_\_\_\_\_  
*Last name,* *First name*

Supporter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone Number: \_\_\_\_\_

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This is to verify that my children and I have had no income during this time from:

Date: \_\_\_\_\_ to date: \_\_\_\_\_

**Certification:** *I certify that this information is true and correct. If any part is false, I understand that my child's participation in the program may be terminated and subject to legal action. I also understand that this information will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Parent/Guardian

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
*Last name* *First name*

**Signed by** \_\_\_\_\_  
*Notary*

**Print Name;** \_\_\_\_\_

**This the** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**My Commission expires:** \_\_\_\_\_