



# No Income Verification

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

**Purpose:** To be used in situations when a family claims they have no income to report to determine eligibility.  
**Section 3 (A.3) Documentation that proves a child's eligibility at the time of the application process. Income must be based on the twelve months (or the calendar year) immediately preceding the month in which the family is applying. Programs must determine which option more accurately reflects the family's current situation.**

**Guidance:** Questions to consider asking to gather useful information as it relates to the family's income situation:

<p><b>How do you support yourself?</b> <i>(please answer in this block)</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Did you work any part of the year?</b> <i>(circle one)</i> YES NO</p> <p>If so, documentation of income is required. If you do not have documentation, you must also complete the <i>Statement of No Documentation of Income Form</i></p>
<p><b>Are you receiving assistance from anyone else?</b>  <i>(circle one)</i> YES NO</p> <ul style="list-style-type: none"> <li>If so, how long? _____</li> <li>Are you living in the same household? _____</li> </ul>	<p><b>Is the family receiving assistance from any of the following resources:</b></p> <ul style="list-style-type: none"> <li>Medicaid/Food Stamps</li> <li>Rental Assistance/Utility Assistance</li> <li>Other (LIST ALL OTHER): _____</li> </ul>
<p><b>Did you apply for unemployment at any time during the preceding year?</b></p> <ul style="list-style-type: none"> <li>If so, were you approved or denied? _____</li> </ul> <p><i>Documentation of approval must be provided.</i></p>	<p><b>Other: List any other forms of income that you currently receive:</b> _____</p> <p>_____</p> <p>_____</p>

**Reason:** Why is the family reporting that they have **NO INCOME**?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalty of law, I (Parent/Guardian) \_\_\_\_\_ declare that I have no income of any kind, earned or unearned. I also declare that \_\_\_\_\_, who can be contacted at \_\_\_\_\_ provides (or has provided) basic living expenses (*such as but not limited to housing, food, and clothing*) free of cost to me and my child/children from \_\_\_\_\_ to \_\_\_\_\_.

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

\_\_\_\_\_  
**Date**

*My signature certifies that the information provided by me is true.  
 If any part of this information is found to be false, I may be subject to legal action.*

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

*Staff's signature serves as proof of verification to determine eligibility based on the information presented to them by the parent/guardian during the date of application.*