

STATEMENT OF NO FINANCIAL ASSISTANCE

This form must be completed by any adult household members or caregivers who are claiming they do NOT financially support the parent and/or the child.

Those who do financially support the parent and/or child (rent/house payments, utilities, food, transportation, etc.) will be asked to submit their income for verification.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I am (Please check all that apply)

- Grandparent
- Friend
- Relative (other than Grandparent) - Relationship: _____
- Other _____

I certify that the above information which I have provided is true and that any false statements or misrepresentation could affect the eligibility of the child to participate in a publicly-funded early childhood program.

Name (print) _____

Signature _____ Date _____

Approving Authority _____ Date _____