

Neighbors In Need Of Services, Inc. (NINOS)
Head Start/Early Head Start Program

Income Statement

Participant’s Name: _____ Parent/Guardians Name: _____

This statement is used to verify eligibility for my family because I am not able to provide all the necessary documents to verify my family’s income and/or circumstances from: _____ to _____.
Month/Year Month/Year

Self-Declaration of Income

I declare that I _____

for the time period of _____ to _____ in the amount of \$ _____

No Income
I declare that I had no income from _____ to _____ and I have supported my family by

Parent Signature Date

Third-Party Verification By signing below I give authorization to contact the Person(s) identified to verify my income status.

Printed Name of Parent/Guardian: _____ Signature: _____

Name of Third-Party Verification: _____

Relationship to Family: _____ Phone Number: _____

Estimated income from this source: \$ _____ Timeframe income was received _____ to _____
Notes: _____

Employer’s Verification I give authorization to release my income information for the last twelve (12) months to NINOS, Inc. Head Start/Early Head Start.

Printed Name of Parent/Guardian: _____ Signature: _____

Name of Company/Agency: _____

Name of Authorizing Person: _____ Phone Number: _____

Date/Month	Total Earned	Date/Month	Total Earned	Date/Month	Total Earned

Authorized Name: _____ Authorized Signature: _____ Date: _____

By signing below, I attest that I have provided accurate information regarding my family’s income. If this information is found to be false, I may lose my benefits. This information given will remain strictly confidential.

Participant’s Name (Parent/Guardian if minor) Participant’s Signature (Parent/Guardian if minor) Date

Staff Signature Date