



Statement of No Income

Child's Name: _____	DOB: _____
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Parent/Guardian #1

I, (name) _____ certify that I do not receive income from any sources, including but not limited to wages from employment, alimony, child support, workers comp/disability, unemployment, or SS/SSI/Work First/TANF.

Please describe the reason why you are reporting you have no income:

I certify the information provided on this form is true and accurate to the best of my knowledge.

Signature		Date	
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Parent/Guardian #2

I, (name) _____ certify that I do not receive income from any sources, including but not limited to wages from employment, alimony, child support, workers comp/disability, unemployment, or SS/SSI/Work First/TANF.

Please describe the reason why you are reporting you have no income:

I certify the information provided on this form is true and accurate to the best of my knowledge.

Signature		Date	
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WTS Staff Signature	
Date	