



Administrative Office

2501 S. Pullman Street, Ste. 100 • Santa Ana, CA 92705 • 714-241-8920 • efax 714-640-2332

ZERO INCOME VERIFICATION

Child's Name: _____ Date of Birth: _____

Sibling, if applicable

Child's Name: _____ Date of Birth: _____

I _____, understand that as a part of the application and eligibility process,
(Parent/Guardian Printed First and Last Name)

Orange County Head Start, Inc., must verify family income before determining that my child/children is eligible for the program as per §1302.12 of the Head Start Program Performance Standards. I hereby state that I **do not receive** any of the following forms of income:

- Money wages or salary before deduction
- Cash receipts before taxes
- Regular payments from Social Security or retirement
- Public Assistance (TANF, SSI, General Relief & General Assistance Training Stipends)
- Social Security Benefits
- Adoption Assistance
- College/university scholarships, grants, fellowships and assistantship
- Child support (Court or verbal agreement)
- Alimony (Court or verbal agreement)
- Unemployment Compensation
- Disability Compensation
- Other regular support from an absent family member or someone not living in the household
- Workers' Compensation
- Veteran's benefits
- Strike benefits from union funds
- Military family allotments
- Net gambling or lottery winning

I understand that any fraudulent, incomplete, deceitful, or misleading information provided to Orange County Head Start, Inc., regarding my status of income and employment may be grounds for terminating my child from the Head Start Program. I declare under penalty of perjury under the laws of the state of California that the information above is true and correct.

Parent/Guardian Signature

Date

Verified By COA/ERSEA Specialist

Date