

## Howard County HEAD START Declaration of Income Form

Parent(s)/Guardian Name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

Check which of the below applies to your current situation:

- I certify that I had no income of my own in the last 12 months.  
 I certify that at this time I cannot produce evidence of my income.

Indicate how you provide for the following (savings, assistance from family, cash earned)

Housing \_\_\_\_\_  
 Food \_\_\_\_\_  
 Transportation \_\_\_\_\_

If you indicate that you have income but cannot verify the income with documentation, indicate the income source and the amount below:

Source of Income	\$ Amount
Social Security	
SSI	
TCA	
Child Support	
Other (cash earned, etc.)	
<b>Total</b>	

**All sections must be completed to determine your family's eligibility. All information will be held in strict confidence and is available to you during normal business hours.**

**I certify that the information provided to support this information is accurate and truthful to the best of my knowledge. I understand that program staff will verify this information and that deliberate misrepresentation may subject me to withdrawal from this agency's programs.**

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

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

\_\_\_\_\_  
*Staff Signature/Title*

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