

Wake ThreeSchool Statement of No Income

Child Name: _____ **DOB:** _____

Purpose: This form is to be used when a family states that they do not have any income for the applicable year. Families must submit sufficient income documentation at the time of application submission in order for Wake County Smart Start to verify the child’s eligibility.

Guidance: If you are reporting that you have no income for the applicable year, please answer the questions below. This form will be submitted with your Wake ThreeSchool application. When your application is ready to be processed, a **Wake ThreeSchool staff person will call the number you provide** on this form for final income verification. Your application cannot be processed without the final income verification.

How do you support yourself?					
Are you receiving financial assistance from anyone else? <small>If so, for how long? Do they live in the same household as you and the applicant child?</small>					
Did you apply for unemployment at any time during the preceding year?					
Are you receiving assistance from any of the following resources:	Medicaid/ Food Stamps		Rental/ Utility Assistance		Other (specify below)

Other: _____

Please describe below why you are reporting no income:

Under penalty of law, I (Parent/Guardian) _____ declare that I have no income of any kind, earned or unearned. By signing my name below, I certify that the information provided in this form is true. I also acknowledge that providing false information may impact my child’s Wake ThreeSchool eligibility or Enrollment.

Parent/Guardian Signature	Date
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Contact Information for Final Income Verification

Parent/Guardian Name: _____ Preferred weekday to be contacted (M-F): _____	Phone Number: _____ Preferred time to be contacted (please indicate a time between 9:00 am – 4:30 pm) _____
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FOR OFFICE USE ONLY

WTS Staff: _____	Date/Time of 1 st attempt to contact: _____
WTS Staff: _____	Date/Time of 2 nd attempt to contact: _____
WTS Staff: _____	Date/Time of 3 rd attempt to contact: _____

Final Income Verification Decision:

I contacted the parent/guardian on (date/time) _____ and verified family's income situation as it is reported on this form.

I was unable to contact the parent/guardian and could not verify the family's income situation as it is reported on this form.

WTS Staff Signature_____
Date**Notes:**_____
WTS Staff Signature_____
Date