



# Wake Pre-K 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 Pre-K application. When your application is ready to be processed, a **Wake Pre-K 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.

<b>How do you support yourself?</b>							
<b>Are you receiving financial assistance from anyone else?</b> <small>If so, for how long? Do they live in the same household as you and the applicant child?</small>							
<b>Did you apply for unemployment at any time during the preceding year?</b> <small>If so, please provide approval or denial letter.</small>							
<b>Are you receiving assistance from any of the following resources:</b>	Medicaid/ Food Stamps						
	<table border="1"> <tr> <td>Other:</td> <td></td> <td>Rental/ Utility Assistance</td> <td></td> <td>Other (specify below)</td> <td></td> </tr> </table>	Other:		Rental/ Utility Assistance		Other (specify below)	
Other:		Rental/ Utility Assistance		Other (specify below)			

**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. I also declare that \_\_\_\_\_ provides (or has provided) basic living expenses (*such as but not limited to housing, food, clothing*) free of cost to me and my children from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature Date  
Signature certifies that the information provided is true. Providing false information may impact a child’s Wake Pre-K eligibility or enrollment.

**Contact Information for Final Income Verification**

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

**FOR OFFICE USE ONLY /SÓLO PARA USO EN LA OFICINA**

Pre-K Staff: \_\_\_\_\_ Date/Time of 1<sup>st</sup> attempt to contact: \_\_\_\_\_

Pre-K Staff: \_\_\_\_\_ Date/Time of 2<sup>nd</sup> attempt to contact: \_\_\_\_\_

Pre-K Staff: \_\_\_\_\_ Date/Time of 3<sup>rd</sup> 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.

Wake Pre-K Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

Wake Pre-K Staff Signature \_\_\_\_\_ Date \_\_\_\_\_