

## Statement of No Documentation of Income

*Purpose: To be used when a family states that they do not have documentation of income*

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Before filling out this form: Can you provide any of the following? If so, please provide them with your application and do not continue to fill out this form:**



**Can you get a written statement from your employer?** If so, make sure the statement:

- Reflects the most recent pay periods.
- Includes the amount and frequency of pay (including overtime).
- Is signed by the employer-Is documented on letterhead (if available).



**Paystubs**

- Paid weekly - submit 4 consecutive pay stubs.
- Paid every two weeks/twice monthly - submit 2 consecutive pay stubs.
- Paid monthly - submit at least 2 full months of pay stubs.



**Any form of IRS documentation**

- 2024 W2's
- 2024 IRS 1040 taxes
- 2024 IRS 1099 taxes



**Written Wage Verification Statements**

- Child support
- Alimony/Spousal support
- Retirement
- Worker's Compensation.

**Select the criteria that best describes your situation:**

- The family has no documentation due to homelessness.
- The family is self-employed/contractually employed and financial records have either been lost/destroyed or not kept.
- The family is unable to produce sufficient income documentation.

**Reason:** If family is unable to produce sufficient income documentation, please explain below the reason why you are reporting you have no documentation of income.

**! Estimated Income (estimate income earned from the preceding 12 months)**

Amount	Month	Year	Type	Amount	Month	Year	Type
\$	JAN	20__		\$	JULY	20__	
\$	FEB	20__		\$	AUG	20__	
\$	MAR	20__		\$	SEP	20__	
\$	APR	20__		\$	OCT	20__	
\$	MAY	20__		\$	NOV	20__	
\$	JUNE	20__		\$	DEC	20__	

**Total Yearly Estimated Income: \$** \_\_\_\_\_

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s)

\_\_\_\_\_  
Date

*Signature certifies that the information provided is true. Providing false information may impact a child's NC Pre-K eligibility or enrollment.*

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

*Signature serves as proof of verification to determine eligibility based on the information provided by the parent/guardian during the date of application.*