Statement of No Income Verification

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

parent(s)/legal guardian of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

certify that I have had no income for the previous 12 months, did not file taxes, currently receive no benefits, child support, or financial assistance.

**X**

**Parent Signature Required**

**X**

**Witness Signature Required**