

Elkhart & St. Joseph Counties Head Start Consortium  
**VERIFICATION STATEMENT**

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

**Zero Income Verification Statement**

This statement is for families that have NO INCOME to report. Use this statement as the verification of how the family is meeting their basic needs.

(Example: Living with family/friends and they are providing food and shelter) Date: \_\_\_\_\_ to \_\_\_\_\_

**Self-Declaration Verification Statement**

This statement is for families who were paid in cash and thus have no documentation of income (paycheck stubs, etc.) to SELF-DECLARE INCOME. Use this statement as the verification on what the family has earned for income.

Income Source \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = Total \_\_\_\_\_

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Income Source \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = Total \_\_\_\_\_

Income Source \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = Total \_\_\_\_\_

Income Source \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = Total \_\_\_\_\_

**Homeless Verification Statement**

This statement is for families that declare homelessness. Use this statement as the verification of how the family qualifies by the federal definition of homelessness according to section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_