

Voices of Tomorrow

Declaration of No Income

Please fill out this form when there is no income to complete enrollment eligibility.

I, _____ live at _____
(Name) (Address)

and declare the statement below is true and correct.

Please complete this section to provide a statement on your current financial situation, how you and your family are being supported, duration of no income, and explain why there is no income.

Parent Signature: _____ Date: _____