

MIDDLE GEORGIA COMMUNITY ACTION AGENCY  
HEAD START  
DECLARATION OF ZERO INCOME

I, \_\_\_\_\_ have been unemployed since \_\_\_\_ / \_\_\_\_ / \_\_\_\_, and do not have a source of income at this time.

The last place I worked was: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code

I am \_\_\_\_ a) not eligible for unemployment benefits. (State Reason)  
\_\_\_\_\_

\_\_\_\_ b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:  
\_\_\_\_\_  
\_\_\_\_\_

My household expenses (food, utilities, rent, etc.) are currently being paid by:  
\_\_\_\_\_  
\_\_\_\_\_

Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Phone Number (Home)  
\_\_\_\_\_  
Phone Number (Work)

I understand that if any or all of the information which I have given is found to be invalid or falsified, that my application will be deemed invalid and my child will lose his/her Head Start slot.

\_\_\_\_\_  
Applicant's Signature  
\_\_\_\_\_  
Staff's Signature  
\_\_\_\_\_  
Date

Verified on: \_\_\_\_\_ by \_\_\_\_\_