

# Head Start Program

## “O” Income Verification Form

If your total family income is “O” and has been for at least one (1) month prior to the date of this application, explain how you are meeting your living expenses:

How do you pay for your housing/utilities?

How do you pay for clothing?

How do you pay for transportation?

**I certify that this information is true, complete and correct.**

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Staff Member Signature

\_\_\_\_\_  
Date