

C L I N T I N D E P E N D E N T S C H O O L D I S T R I C T

AFFIDAVIT OF NO INCOME 2021-22

INSTRUCTIONS: In order to qualify for PreK on the basis of Educationally Disadvantaged status, the enrolling parent/legal guardian must provide (1). documentation for automatic eligibility for the National School Lunch Program (NSLP), or provide (2). current income level documentation showing that the income level meets requirements for the student's participation in the NSLP. **Parents/Legal Guardians who do not meet automatic eligibility requirements for the NSLP and "claim no income," must complete this affidavit.**

STUDENT NAME: <i>First</i> <i>Middle</i> <i>Last</i>			STUDENT ID#:	
DATE OF BIRTH: (mm/dd/yyyy)	AGE AS OF SEPT 1:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	GRADE LEVEL:	CAMPUS:

PARENT/LEGAL GUARDIAN NAME: <i>First</i> <i>Middle</i> <i>Last</i>			DATE OF BIRTH: (mm/dd/yyyy)	
SOCIAL SECURITY #	DRIVER'S LICENSE/STATE ID#	NAME OF PREVIOUS PLACE OF EMPLOYMENT	LAST DATE OF EMPLOYMENT	
NAME OF PREVIOUS SUPERVISOR/BOSS: <i>First</i> <i>Middle</i> <i>Last</i>			PHONE # OF PREVIOUS EMPLOYER	

This is to verify that I am currently unemployed and that I and my child(ren) do not receive any type of monetary income or government assistance benefits at this time, due to the following reasons/circumstances (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> I have NEVER been employed. | <input type="checkbox"/> Lack of work/unable to find work |
| <input type="checkbox"/> Unemployment benefits terminated/not eligible | <input type="checkbox"/> Divorce/Separation from main financial provider |
| <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Serious/Terminal Illness |
| <input type="checkbox"/> Other _____ | |

Enrolling Parent/Legal Guardian must write a detailed explanation of how the family meets basic needs (who is currently supporting you and your child(ren), frequency of the support, in what manner – room and board, food, etc).

Please print statement below:

PARENT/LEGAL GUARDIAN AFFIRMATION

I certify that the above information is true. I also understand that this information will be held in the strictest confidence with the school district.

Parent/Guardian Signature:

Date

Signature of Administrator or Authorized Designee

Date

TEA AUDITED DOCUMENT - PLEASE RETAIN WITH STUDENT ENROLLMENT RECORDS