

AFFIDAVIT OF NO INCOME

INSTRUCTIONS: In order to qualify for PreK4 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 and attach a copy of current photo identification.**

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 neither I, nor anyone living in my household, including 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 and continue on the back page if necessary:

PARENT/LEGAL GUARDIAN AFFIRMATION

I certify that this information is true. If any part is false, I understand that my child's participation in the Beaumont ISD PK₄ program will be terminated and I will be subject to legal action under applicable state and federal laws (Penal Code 37.10 & TEC 25.001). I also understand that this information will be held in the strictest confidence with the school district.

Parent/Guardian Signature:

Date

STATE OF: TEXAS

COUNTY OF: JEFFERSON

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY PUBLIC IN AND FOR

(SEAL)

My commission expires: _____