

**Consolidated School District of New Britain  
Preschool Program's Zero Income Statement**

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

STUDENT ID \_\_\_\_\_ DATE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

I am signing this contract to declare that I currently do not receive income for wages or from any other source. My financial support comes from **(please check all that apply)**:

WIC Benefit	SNAP (EBT) Benefit
TANF Enrollment	Child Support/Alimony
Medicaid or HUSKY	Public Housing Assistance
Unemployment Insurance	Foster Care/Adoption Subsidy
Energy Program Assistance	No services received

**I am supplying the following documents as proof of no income:**

Unemployment documents  
Employer letter of termination  
State benefit eligibility letter  
Notarized letter stating unemployment  
Social Security Income/ Social Security Disability  
EBT/WIC Card

1. I agree to notify the program about any changes in my income within 15 days of the change.
2. I understand that changes in my financial status will result in a redetermination of parent fees.
3. If requested, I agree to give a copy of any of the documents listed above to the program director within 5 days of request.

I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in withdrawal from the child's program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date