Staff name:	Staff signature:_	Date:
If applicable staff will include a the claims above.	STAFF USE ONLY (see Title 5, 18 brief statement attesting to the reasons	086 (b(2(F))) & (b(3)) ableness and/or consistency with community practice of
Parent Si my knowledge, that the al	gnature	plete. Date:
I,	swe	ar under penalty of perjury, to the best of
If your income is \$0, please necessities, etc.		who pays the bills, how do you get food,
Self –Certifica	ion of <u>Zero Income</u>	
How often		
Type of Income Amount of earnings		
	ion of Other Income (when no oth	er documentation is possible)
month		
Other description of work and income for the past		
Work hours		
Days worked		
How often		
Amount of earnings		