

## AFFIANT/Household Non-Support Statement

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I \_\_\_\_\_ (Affiant/Household Member) certify that I do not assist financially with the care of \_\_\_\_\_ (child's name). His or her parents are solely responsible for this.

*I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.*

\_\_\_\_\_  
Affiant/Household Member Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

ACCEPTED BY: \_\_\_\_\_

Date: \_\_\_\_\_