

**THE KLAMATH TRIBES EARLY
CHILDHOOD DEVELOPMENT CENTER
DECLARATION OF NOMINAL OR NO INCOME**

Household Member's Name: _____

Relationship to ECDC Applicant: _____

1) Include monthly income received for the last 12 months listed below:

Jan _____	May _____	Sep _____
Feb _____	Jun _____	Oct _____
Mar _____	Jul _____	Nov _____
Apr _____	Aug _____	Dec _____

2) Describe how shelter, food, clothing, utilities, and other basic needs are met:

3) List the last place of employment and the month/year of date last worked:

I certify that the information stated is true and accurate, and by signing this form, I am declaring that I am not gainfully employed and thus generate only minimal income. I further understand that I may be removed from the child care program if false information results in assistance for which I am not eligible.

Signature: _____

Date: _____

Legal Name: _____
(Print Full Legal Name)