Lower Columbia College Head Start/EHS/ECEAP
Family Income Statement

Child's Name _____

Parent(s) Name _____

Please list how basic needs (food, shelter and utilities) have been met for the past 12 months in the following ways:

Example: Food-Receive SNAP Food Assistance and grandma buys groceries for us when needed.

Food	
Shelter	
Transportation	
Utilities (water & power)	
Insurance	
Household Needs	
Other(childcare/phone/cable)	

I certify that the information contained in this affidavit is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program.

Parent Signature _____ Date signed _____

Staff Signature _____ Date signed _____

(C: 08/99; R: 11/21)