



Statement of No Documentation of Income

Child's Name: _____ DOB: _____

For Parent/Guardian(s) to complete

This form is to be used if/when a parent or guardian earns income but has no documentation of income. Please verify you **do not** have the following before completing this form (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> 1099 Form (if self-employed) | <input type="checkbox"/> W-2 or other tax information |
| <input type="checkbox"/> Paystubs/Wage statements | <input type="checkbox"/> Employer Letter |
| <input type="checkbox"/> Written wage verification statement (ex: child support letter) | |

Please describe the reason why you are reporting you have no documentation of income:

Self-Reported Household Income: please enter all earned income for the preceding 12 months

Month	Year	Income Type (employment income, child support, alimony, etc.)	Gross Monthly Amount
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total Gross Annual Amount:			

I certify the information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature		Date	
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WTS Staff Signature		Date	
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