



Lowndes County
Board of Education Head Start



ZERO NON-INCOME VERIFICATION STATEMENT—FORM SOCSER 629

Child's Name: _____

This is to verify that my child/children and I do not have any income at this time:

Date: _____

Certification: I certify that this information is true. If any part is false, I understand that my child's participation in the program may be terminated and subject to legal action. I understand that this information will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent's Signature: _____ Date: _____

Address: _____

Telephone Number: _____

Notary Signature: _____ Date: _____

My commission expires: _____

County of Notary: _____