

Regional, Early and Migrant/Seasonal Head Start Self-Certification of Income

A. Self-certification of employment income for the following reason:

1. ☐ The agency has requested that I complete this form because my employer has refused or failed to provide requested employment information.
2. ☐ I have asked that my employer not be contacted to verify my employment because it would adversely affect my employment.
3. ☐ I have no paystubs, receipts, or other documentation of employment.

Employer Name Phone Number		Work Hours	
Date of Employment Hire		Days worked	
Employment Ended		How often paid	
Rate of Pay		Total annual income earned from employment	

B. Self-certification of non-employment income when no documentation is possible:

What type		How often	
Amount of Income		Date income began	
		Date income ended	

C. Self-certification of \$0 income

For the period of _____ to _____, my income was \$0 for the following reason(s):

I understand that this Self Certification is part of an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in termination of services for my child enrolled in Head Start/Early Head Start or Migrant and Seasonal Head Start and could have serious legal consequences for me. I give the Head Start/Early Head Start or Migrant and Seasonal Head Start staff permission to contact my employer listed above to verify my employment and income.

Parent/Guardian Name

Staff Name

Parent/Guardian Signature

Staff Signature

Date

Date

Management Approval Signature/Date:

D. Steps taken to verify information: _____
