



Administration Office

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SELF DECLARATION FORM

Self-Declaration of Income, Additional Income Support or No Income

Note: This form is intended to be used by a parent as a Declaration of Employment and Earnings if a parent is self-employed and/or gets paid in cash or by personal check. Parents that do not have any source of income must complete the Declaration of No Income statement portion of this form. Parents receiving child support through a verbal agreement (not filed through the county) or family support must complete the Declaration of Additional Support portion at the bottom of this form. FORM MUST BE FILLED OUT IN BLUE OR BLACK INK ONLY, FORMS WITH WHITE-OUT, TYPED OR ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED.

Parent/Guardian Name: _____

Child's Name: _____ Child's Date of Birth: _____

Declaration of Employment and Earnings

Employer Information

Name of Employer: _____ or Name of Supervisor: _____

Business Address: _____

Employer Phone Number: _____ Start Date: _____

Job Description: Day Laborer Babysitter House Cleaning Construction Other: _____

Self-Employed Information

Job Description: Day Laborer Babysitter House Cleaning Construction Other: _____

Business Address: _____

Employer Phone Number: _____ Start Date: _____

Table with 2 columns: Payment Method (I am paid in cash / I am paid by check), Gross amount per pay period, and Payment Frequency options (Weekly, Bi-weekly, Twice a month, Monthly).

Declaration of No Income

No Income

I _____, declare under penalty of perjury that I am not currently employed and do not have any source of at this time. (Print Legal Name)

Declaration of Additional Support

Table with 2 columns: Support Type (Child Support / Family Support), Amount, and Payment Frequency options (Weekly, Bi-weekly, Twice a month, Monthly).

I certify under penalty of perjury that the income information I have provided above is accurate. I understand that any fraudulent, incomplete, deceitful, or misleading information provided to Orange County Head Start, Inc., regarding my status of income and employment may be grounds for terminating my child from the Head Start Program.

Parent/Guardian Signature _____

Date _____

Verified By COA _____

Date _____