



2533 Lockbourne Rd Columbus, Ohio 43207-2170

www.startingpointlearningcenter.org

Self-Declaration Affidavit

I, _____ provided this affidavit to verify my
(Print Name)
income as I have no other supporting income documentation
available to me. I affirm that my annual gross income is
\$_____, FROM DATE _____ to
DATE _____.

I verify that information given to Head Start is correct and accurately reflects the circumstances outlined on this Verification Form. I understand that any misrepresentation of critical information could result in the denial of services for my child/children.

Parent/Guardian Signature: _____ Date: _____

SPLC Staff Signature: _____ Date: _____