

**Georgia Division of Family and Children Services  
Well-Being Services Section  
Afterschool Care Program**



**NON-INCOME DECLARATION FORM**

I, Mr. /Mrs. /Ms. \_\_\_\_\_

Parent and/or guardian of \_\_\_\_\_

hereby declare that I do not have any income at this time.

**I have not received income from any of these sources:**

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

***I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and I promise to cooperate with any effort to verify the information provided.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date