

Statement of No Income

To Whom It May Concern:

I am reporting that I have no earned income, as stated on my child’s Robeson County NC Pre-K Program application.

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Parent’s Name Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date