

# NC PRE-KINDERGARTEN INCOME ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge that at this  
Printed Name

time I have no verifiable income. I acknowledge that I will notify Smart Start of Brunswick County immediately if and when my circumstances change and provide verification of income as required by the NC Pre-Kindergarten Program Guidelines and Requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date