



**LORAIN CITY SCHOOLS**

Lorain Administration Center  
2601 Pole Avenue, Lorain, OH 44052  
440.830.4026 fax 440.233.2228

Statement of No Income

I certify that the following adults living in my household have no sources of income:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name