



AFFIDAVIT OF SINGLE PARENT HOUSEHOLD
(For Summit Head Start & Tuition Assistance Eligibility Verification)

State of Colorado
County of _____

I, _____, being duly sworn upon oath, state the following:

1. My full legal name is: _____
2. My date of birth is: _____
3. My current physical address is:

City: _____ State: CO Zip: _____

4. I am the parent and/or legal guardian of the following child(ren):

Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____

5. I affirm that I am a single parent and the only adult residing in my household with the above-named child(ren).
6. No other parent, spouse, partner, or adult lives in my home or shares household expenses with me.
7. Financial Support Statement (check and complete as applicable):

I receive no financial support from the other parents. I am solely responsible for rent/mortgage, utilities, food, clothing, childcare, and all other household expenses for myself and my child(ren).

I receive child support in the amount of \$ _____ per _____ (week/month), which is the only financial contribution from the other parent.

I receive public assistance (check all that apply):

- SNAP (Food Assistance)
- TANF
- SSI
- Other: _____

8. I am providing this affidavit to verify my status as a single-parent household for the purpose of determining eligibility for Summit Head Start services & Summit County Tuition Assistance Program.

I declare under penalty of perjury under the laws of the State of Colorado that the foregoing statements are true and correct.

Child Support / Child Care Support Disclosure Requirement

I understand and agree that if I begin receiving any money, financial assistance, or in-kind support for child support or child care expenses at any time in the future, I am required to notify Early Childhood Options (ECO) in writing within ten (10) calendar days of receiving such support.

I acknowledge that failure to report this information within the required timeframe may affect my eligibility for tuition assistance. I further understand that any payments made on my behalf that I was not eligible to receive due to failure to report required information may be required to be reimbursed to Early Childhood Options (ECO).

Executed on this _____ day of _____, **20**, in _____ (City), Colorado.

Signature of Affiant: _____

Printed Name: _____

COLORADO NOTARY ACKNOWLEDGMENT

State of Colorado

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, **20**, by _____, who is personally known to me or has produced _____ as identification.

Witness my hand and official seal.

Notary Public Signature: _____

Printed Name of Notary: _____

My Commission Expires: _____

(Seal)