

LEECH LAKE BAND OF OJIBWE
EARLY CHILDHOOD PROGRAM
INCOME VERIFICATION - NOTARY FORM

State of _____

County of _____

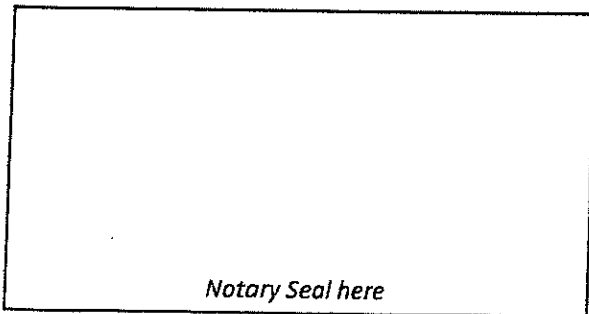
Under penalties of perjury, I _____,
(Name of person making statement)

swear / affirm before _____ that I have no income.

Signature of person making statement

Sworn to and subscribed before me this _____ day of _____, 20____

by _____.
(Name of person making statement)



Signature of Notary Public

Printed name of Notary Public

Signer's identity verified in the following manner:

- ◇ Personally known
- ◇ Produced identification

Type and # of ID: _____