

### DECLARATION OF INCOME FOR IRREGULAR EMPLOYMENT

This form must be completed by any adult household members who are employed intermittently, self-employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_, state that my income or support comes from:

Self-employment (provide most recent IRS Form 1099) \_\_\_\_\_

Parents/Family (attach a statement from person providing support)

Circle all that apply:      Seasonal employment      Irregular employment      Cash payments

Provide gross income for the past 12 months: (all boxes must be completed)

MONTH	GROSS INCOME

MONTH	GROSS INCOME

Other \_\_\_\_\_

My rent/house payment, utilities, food, and transportation expenses are being paid for by: \_\_\_\_\_

I give permission for this program to contact the person listed below to verify contributions, cash payments, and/or other financial support:

Name \_\_\_\_\_

Job Title / Affiliation \_\_\_\_\_

Phone Number \_\_\_\_\_

*I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.*

Parent name (print) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Authority \_\_\_\_\_ Date \_\_\_\_\_