# Income Verification Form (Preschool/Prekindergarten)

This form is a documentation tool to provide income information **for all families** that will assist in determining automatic eligibility for preschool and prekindergarten. To use this tool, record gross income (earnings before deductions) for all income for all household members (including children and all members of a shared domicile). Sources of income may include earnings from work, unemployment, public assistance, child support, alimony, pensions, retirement, and all other income. If income from a source fluctuates, calculate the average received. If you enter a '0' or leave any fields blank, you are certifying that there is no income to report.

Student FIRST Name          Student LAST Name          Date of Birth   mm/dd/yyyy

Preschool (3 years old on or before Sept.1)          Prekindergarten (4 years old on or before Sept. 1)

Complete the chart below to record gross income (earnings before deductions) for all income for all household members (including children and all members of a shared domicile). Sources of income may include earnings from work, unemployment, public assistance, child support, alimony, pensions, retirement, and all other income.

For income verification, please provide current tax return, two months of bank statements, or two recent pay stubs for each income listed. Documentation MUST be provided.  In the event that this information is found to be inaccurate, the child's placement in the program may be jeopardized.  No spots are held in a program if paperwork is incomplete.  Registration is not guaranteed until VERIFIED by the school.

Someone in the household receives Food Supplement Program (FSP), Temporary Cash Assistance (TCA) or has an Independence Card. You MUST provide a copy of your benefits card as well as a copy of the benefits letter you received indicating benefits are active.

Provide the client ID# for the benefits program:  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

*FSP and TCA - 9 digit ID number, Independence Card - 16 digit ID number*

| Household Members | Sources of Income | Frequency | Gross Income | #Pays/Year | Annual Income |
|---|---|---|---|---|---|
| List ALL household members including the child applying as well as any other adult sand children living the household. | List the sources of all income for each family member.  Include income from employer, unemployment, child support, alimony, social security, disability, etc. | Weekly (W) Bi-Weekly (B) Twice/Month (T) Monthly (M) Annually (A) | Earnings before Deductions | W = 52 B = 26 T = 24 M = 12 A = 1 | Gross Income X #Pays/Year |

Total # of Household Members:

Total Annual Household Income:

I certify that the information provided is correct.          Parent Signature:          Date: