

## INCOME VERIFICATION: Sample Form

Program Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthdate Documentation:

Birth Certificate    Hospital Record    Other: \_\_\_\_\_

*This child is income-eligible to participate in:*

Head Start    Great Start Readiness Program    Other: \_\_\_\_\_

**Income Source**

**Amount Received**

<input type="checkbox"/> Income Tax Form 1040	_____
<input type="checkbox"/> W-2	_____
<input type="checkbox"/> TANF documentation	_____
<input type="checkbox"/> Pay Stub or Pay Envelopes	_____
<input type="checkbox"/> Unemployment	_____
<input type="checkbox"/> Written statement from employer(s)	_____
<input type="checkbox"/> SSI documentation	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Alimony	_____
<input type="checkbox"/> Pension(s)	_____
<input type="checkbox"/> Other	_____
Documentation of no income:	_____

Total of Income Documented Above: \$\_\_\_\_\_ Number in Household \_\_\_\_\_

**Percent of Federal Poverty Level:** \_\_\_\_\_ Quintile: **I II III IV V >V**

*I verify I have provided true and accurate documentation as indicated above.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Verification

*I verify I have reviewed the documentation indicated above, recording the information as reflected on said documentation.*

\_\_\_\_\_  
Staff Signature and Title

\_\_\_\_\_  
Date of Verification