

Proof of Income Worksheet
(Required when applying for funded preschool only)

Child's Name _____ Date of Birth _____

In order to be considered for Head Start or Colorado Preschool Program funding you must submit 3 months proof of income for all adult family members with this form. You may submit:

- ___ **Three (3) months of pay stubs**
- ___ **Last year's 1040 income tax form**
- ___ **A letter from your employer verifying hours you work and your rate of pay**

Complete the following:

Mother's/Guardian's Name _____

Employer _____

Days and Hours of Work _____

Employer's Address _____

Employer's Phone No. _____

Frequency of pay

- ___ weekly
- ___ every other week
- ___ twice per month
- ___ monthly

Employed

- ___ Full-Time
- ___ Part-Time

Father's/Guardian's Name _____

Employer _____

Days and Hours of Work _____

Employer's Address _____

Employer's Phone No. _____

Frequency of pay

- ___ weekly
- ___ every other week
- ___ twice per month
- ___ monthly

Employed

- ___ Full-Time
- ___ Part-Time

Child lives with: (circle one) both parents; mother only; father only; other: _____

Do you receive: (check all that apply, fill in the amount you receive, supporting documentation is required)

- | | |
|------------------------------------|-----------------------------------|
| ___ TANF \$ _____ | ___ Food Stamps |
| ___ SSI \$ _____ | ___ Housing Subsidy |
| ___ Unemployment \$ _____ | ___ CCCAP (parental fee \$ _____) |
| ___ Alimony/Child Support \$ _____ | ___ Other income _____ |
| ___ WIC | |

Are you enrolled in school or a job training program? _____ Please explain: _____

Names of **ALL** people in your household who are supported by the above income(s) (if more space is needed, use the back of the sheet).

NAME	RELATIONSHIP TO CHILD	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all of the above information is true and correct, that all income is reported, and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal laws and/or expulsion of my child from the program.

Signature of parent or guardian _____ Date _____