

## INCOME VERIFICATION: Sample Form

Program Name Here \_\_\_\_\_

Child Name: \_\_\_\_\_

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 employers	_____
<input type="checkbox"/> Foster Care Reimbursement	_____
<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:	_____

I verify that I viewed documentation of the information provided above.

\_\_\_\_\_  
Staff Signature

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

\_\_\_\_\_  
Staff Title

[Office of Great Start Outcomes](#)

*Children are born healthy.*

*Children are healthy, thriving and developmentally on track from birth to third grade.*

*Children are developmentally ready to succeed in school at time of school entry.*

*Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.*