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

☐ Income Tax Form 1040
☐ W-2
☐ TANF documentation
☐ Pay Stub or Pay Envelopes
☐ Unemployment
☐ Written statement from employer(s)
☐ Foster Care Reimbursement
☐ SSI documentation
☐ Child Support
☐ Alimony
☐ Pension(s)
☐ 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

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.