



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"/> 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:	_____

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