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)
- □ SSI documentation
- □ Child Support
- □ Alimony
- □ Pension(s)
- □ Other

**Amount Received**

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