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**
☐ 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	_____
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