



## **DECLARATION OF INCOME FOR IRREGULAR EMPLOYMENT**

This form must be completed by any adult household members who are employed intermittently, self- employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name	Child's N	Child's Name City, State, Zip Email , state that my income or support comes from:	
Address	City, Staf		
Phone	Email		
l,	, state that		
☐ Self-employment (pro	ovide most recent IRS Form 1099	))	
☐ Parents/Family (attac	ch a statement from person prov	iding support)	
☐ Check all that apply:	Seasonal employment	Irregular employment	Cash payments
Provide gross income	e for the past 12 months:		
MONTH	GROSS INCOME	MONTH	GROSS INCOME
☐ Other			
	s, food, and transportation exper		
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	ion which I have provided regardi		
misrepresentation could affect ti	he eligibility of my child to partici	pate in a publicly-funded ea	rly childhood program.
Parent name (print)			
Parent signature			
Approving Authority		Date	