

# Declaration of Irregular Income Form

*For use with the Cecil J. Picard Early Childhood Program (LA 4) or  
the Nonpublic Schools Early Childhood Development Program (NSECD)*

This form must be completed by any adult household member who is employed intermittently, is self-employed, or is otherwise unable to provide pay statements or required income verification.

Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_ (print name), confirm that my income comes from:

☐ Self-employment (must provide most recent IRS Form 1099) \_\_\_\_\_

☐ Irregular employment (hired to perform temporary or occasional work)

**Type of work (circle all that apply):**

Seasonal Work

Intermittent Work

Temporary Day Labor (cash-compensated)

Provide your monthly gross income for the past 12 months. Enter \$0 for any month without income.

| Month | Gross Income |
|-------|--------------|
|       |              |
|       |              |
|       |              |
|       |              |
|       |              |
|       |              |

| Month | Gross Income |
|-------|--------------|
|       |              |
|       |              |
|       |              |
|       |              |
|       |              |
|       |              |

Average Monthly Earned Income: \$ \_\_\_\_\_

Please attach a letter from employer(s) or provide contact information for employer(s) verification.

*I hereby certify that the income information provided above is true, accurate, and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may affect my child's eligibility to participate in a publicly funded pre-K program.*

Parent's Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_

Date \_\_\_\_\_