

Declaration of Irregular Employment CCAP B3 2023-2024

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 Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____, state that my income or support comes from:

- Self-employment (provide most recent IRS Form 1099) _____
- Parents/Family (attach a statement from person providing support)
- Circle all that apply: Seasonal employment Irregular employment Cash payments

Complete the entire table below. Provide gross income for the past 12 months from the date of your child's application

Average Hours Worked per Week: _____ **Average Monthly Earned Income:** _____

Month	Gross Income	Average Weekly Hours Worked	Month	Gross Income	Average Weekly Hours Worked

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

I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.

Parent name (print) _____

Parent signature _____ Date _____

Approving Authority _____ Date _____