

## HOUSEHOLD INCOME VERIFICATION FOR PRE-K PRIMARY PROGRAM

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	Names: (List everyone in Household)	Last month's income and how often it was received: Example: Weekly (W) or Monthly (M) or Every other week (2W) or Twice per month (2M) or Annually (A)				Check if none
		Earnings from work before deductions:	Welfare, child support, alimony	Pensions, retirement, Social Security	All other	
1		\$ /	\$ /	\$ /	\$ /	
2		\$ /	\$ /	\$ /	\$ /	
3		\$ /	\$ /	\$ /	\$ /	
4		\$ /	\$ /	\$ /	\$ /	
5		\$ /	\$ /	\$ /	\$ /	
6		\$ /	\$ /	\$ /	\$ /	
7		\$ /	\$ /	\$ /	\$ /	
8		\$ /	\$ /	\$ /	\$ /	

**An adult household member must sign this form.**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get funding based on this information. I understand that school officials may verify (check) the information. I understand that if I purposely give false information my children will no longer be eligible for the PK program. I understand that I will be required to income documentation in order for my child to attend.*

<b>PARENT/GUARDIAN NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>School Administrator Name</b>	<b>SIGNATURE:</b>	<b>DATE:</b>