

No Documentation of Income Verification

This form should be completed by designated STAFF and NOT the family

| Child's Name: | | | | | D.O.B: | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|----------------------|--|--|
| determine e | eligibility. | | ns when a family claims t | | | | | | | |
| based on the | e twelve mo | onths (or the | t proves a child's eligibility e calendar year) immediat ption more accurately reflo | tely p | receding the n | nonth in wh | nich the fam | | | |
| Guidance: | Questions | to conside | er asking to gather usefu | ıl info | ormation as it | relates to | the family | 's income situation: | | |
| Can you get a letter from your employer? If so, make sure it has the following: Name of the company/Dates of employment How much and how often they get paid, gross. | | | | | Did you have any receipts? If so, take what they have and calculate it for the correlating months and document it. | | | | | |
| Are you self-employed? • If so, did you file taxes? If yes, ask for their 1099. If no, ask how much they earned per month. | | | | | Do you pay other employees? If so, ask for their 1099 or receipts of income prior to paying expenses (including employee pay). They may have documentation of revenue and expenses. | | | | | |
| | Con | nplete the | following section if the | fami | ily meets one | of the foll | lowing crit | eria: | | |
| The family is <u>self-employed/contractual employment</u> and <u>financial records have either been lost/destroyed or not kept.</u> The family is unable to produce <u>tangible documentation</u> or is only able to produce <u>partial documentation</u>. Estimated Income (please estimate the income earned from the preceding 12 months) | | | | | | | | | | |
| Amount | Month | Year | Source | \perp | Amount | Month | Year | Source | | |
| \$ | Jan | 2022 | | _ | \$ | July | 2022 | | | |
| \$ | Feb | 2022 | | _ | \$ | Aug | 2022 | | | |
| \$ | Mar | 2022 | <u></u> | _ | \$ | Sep | 2022 | | | |
| \$ | Apr | 2022 | | _ | \$ | Oct | 2022 | | | |
| \$ | May | 2022 | | \dashv | \$ | Nov | 2022 | | | |
| \$ | June | 2022 | <u> </u> | | \$ | Dec | 2022 | | | |
| Total Income: \$ Reason: Why is the family reporting that they have NO DOCUMENTATION OF INCOME? | | | | | | | | | | |
| | | | | | | | | | | |
| | Parent/Guardian Signature | | | | | Date | | | | |
| | | - | y signature certifies that the t t of this information is found t | - | - | - | | | | |
| | Staff Signa | ature | | | Date Date | | | | | |
| | based | | f's signature serves as proof and the serves as proof as the serves as the serve | | | | | ation. | | |