



VERIFICATION OF INCOME/EMPLOYMENT

Date _____

Email: info@kidsincorporated.org

Dear Employer:

In order to determine the eligibility of _____ for child care services, please assist by answering the questions below and returning this form to us by _____.

_____ Eligibility Counselor's Name

_____ Name of Central Agency Provider

_____ Address

_____ Telephone

PLEASE COMPLETE EACH SECTION WHICH HAS BEEN MARKED ON THE FRONT AND BACK OF THIS FORM.

SECTION I – GENERAL INFORMATION

1. Name of Employee _____ Social Security No. _____
Address of Employee _____
2. Type of work performed by employee _____
3. Number of hours worked per week _____ Number of days worked per week _____
4. Employee is/was paid \$ _____ each ___ day ___ week ___ bi-weekly ___ monthly ___ other _____
(Specify)
5. Date current employment began _____ Date previously employed _____
6. Does/Did employee receive tips? ___ Yes ___ No If yes, show tips in Section III on reverse.
7. Is/Was employment seasonal? ___ Yes ___ No If yes, season begins _____ ends _____
8. How often is/was employee paid? ___ day ___ week ___ bi-weekly ___ monthly ___ other _____
(Specify)
9. Does/Did employee participate in any type of payroll savings plan or profit sharing? ___ Yes ___ No
If yes, what is the balance? \$ _____

SECTION II – INCOME FROM BABYSITTING

1. I pay him/her \$ _____ each ___day ___week ___bi-weekly ___monthly ___other _____
(Specify)

To take care of _____ child(ren) for me.
(Number)

He/She takes care of my child(ren) at ___ his/her house ___ my house ___ other _____
(Specify)

To your knowledge, does he/she take care of any other child(ren)? ___Yes ___No

If yes, whose child(ren)? _____

SECTION III – RECORD OF PAY RECEIVED

1. List the gross amount and dates of checks or cash which were or will be paid during the month(s) of _____ in the space below.

Pay Period Ends	Date Pay Received	Gross Earnings	Number of Hours Worked	Tips	Earned Income Credit	Net Pay

2. If hours or rate of pay has varied in the above period, please state why. _____

SECTION IV – EMPLOYER INFORMATION

What I have written on this form is true to the best of my knowledge. I know that if you give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer

Employer's Title

Name of Business

Telephone Number

Address

Date Completed