

FATHER'S EMPLOYMENT(If In Household)
 Place _____
 Street Address _____
 City, State, Zip _____
 Telephone Number () _____

MOTHER'S EMPLOYMENT(If In Household)
 Place _____
 Street Address _____
 City, State, Zip _____
 Telephone Number () _____

ARE YOU SHARING HOUSING? YES NO
DO ANY OF THESE PERTAIN TO YOUR FAMILY? Foster Child Homeless MFIP SSI

ANNUAL INCOME VERIFICATION

FOR THE 12 MONTHS IMMEDIATELY PRECEDING DATE OF THIS APPLICATION	FATHER OR STEPFATHER ANNUAL INCOME	MOTHER OR STEPMOTHER ANNUAL INCOME	OTHER (NAME) ANNUAL INCOME	OTHER (NAME) ANNUAL INCOME
Gross Wages	\$	\$	\$	\$
Unemployment/ Workers Compensation	\$	\$	\$	\$
Net Income from Self-Employment/Farm	\$	\$	\$	\$
Net Rental Property Income	\$	\$	\$	\$
Dividend or Interest Income	\$	\$	\$	\$
General Assistance (GA)	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
MFIP Cash Allowance from County	\$	\$	\$	\$
Military Family Allotments	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
College Scholarships or Grants <small>(Don't Include Federal Financial Aid)</small>	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Other Retirement - Specify	\$	\$	\$	\$

TOTAL ANNUAL INCOME \$ _____ **PER YEAR**

***GROSS INCOME FROM LAST FEDERAL FORM 1040, 1040A, ETC.,**
 YOU FILED WITH THE IRS *Calendar Year* _____ \$ _____ **PER YEAR**

Has your income changed drastically in the past few months? If yes, Please explain:

- YES NO Do you receive Child Care Assistance from the County? **How did you hear about the Early Head Start Program?**
 YES NO Is your child on an IEP (Individual Education Plan)?
 YES NO Does your child have a medical or mental health diagnosis? _____
 YES NO Are you a United States Immigrant/Refugee?
 YES NO Is one or more parent(s) currently deployed on military duty? _____

Please add any other concerns you have for your child or family: _____

I certify that the information on this application, which will be used in determining eligibility for Head Start, is true and correct. If my family is found to be over income limits when Head Start verifies my income, I understand this application will be placed on an Over Income waiting list. I also understand that this application DOES NOT AUTOMATICALLY "ENROLL" MY CHILD IN THE HEAD START PROGRAM. Notification of enrollment or denial will follow at a later date.

 PARENT(S) SIGNATURE(S)

 DATE

The information on this application will be used for the purpose of Head Start eligibility and to prepare statistical reports to collect federal, state and local funds for services.