



INCOME VERIFICATION: Sample Form

Program Name: _____

Child Name: _____ Date of Birth: _____

Birthdate Documentation:

Birth Certificate Hospital Record Other: _____

This child is income-eligible to participate in:

Head Start Great Start Readiness Program Other: _____

Income Source

Amount Received

- Income Tax Form 1040 _____
- W-2 _____
- TANF documentation _____
- Pay Stub or Pay Envelopes _____
- Unemployment _____
- Written statement from employer(s) _____
- SSI documentation _____
- Child Support _____
- Alimony _____
- Pension(s) _____
- Other _____

Documentation of no income: _____

Total of Income Documented Above: \$ _____ Number in Household _____

Percent of Federal Poverty Level: _____

Quintile: **I II III IV V VI VII VIII >VIII**

I verify I have provided true and accurate documentation as indicated above.

Parent/Guardian Signature

Date of Verification

I verify I have reviewed the documentation indicated above, recording the information as reflected on said documentation.

Staff Signature and Title

Date of Verification