



Office of Early Childhood

Declaration of Irregular Income Form

For use with CCAP B-3 Seats, Early Childhood Education Fund, LA4, or NSECD Publicly Funded Seat Programs

This form must be completed by any adult household members who are employed intermittently, self-employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_, state that my income or support comes from:

- Self-employment (provide most recent IRS Form 1099)
Parents/Family (attach a statement from person providing support)
Circle all that apply: Seasonal employment Irregular employment Cash payments

Provide gross income for the past 12 months.
Average Hours Worked per Week: \_\_\_\_\_ Average Monthly Earned Income: \_\_\_\_\_

Table with 6 columns: Month, Gross Income, Average Weekly Hours Worked, (blank), Month, Gross Income, Average Weekly Hours Worked. Contains 6 rows of empty data cells.

Please attach a letter from employer(s) or contact information for employer(s) for verification.

I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.

Parent name (print) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_