

Family Income Declaration Form

Child's Name

“Family” means the parents and the children for whom the parents are responsible. *Who comprise the household in which the child receiving services is living. For purposes of income eligibility and family fee determination, when a child and his or her siblings are living in a family that does not include their biological or adoptive parents, “family” shall be considered the and related siblings (Title 5 18078 f).*

“Total Countable Income” means all income of the individuals counted in the family size that includes, but is not limited to the following (Title 5 18078) *gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings; wages for migrant, agricultural, or seasonal work; public cash assistance; gross income for self-employment less business expenses with the exception of wage draws; disability or unemployment compensation; workers compensation; spousal support, child support, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support; survivor and retirements benefits; dividends, interest on bonds, income from estate or trusts, net rental income or royalties; rent for room within the family’s residence, foster care grants, payments or clothing allowance for children placed through child welfare services; financial assistance received for the care of child living with an adult who is not the child’s biological or adoptive parent; veterans pensions; pensions or annuities; inheritance; allowances for housing or automobiles provided as part of compensation; portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies; insurance or court settlements for lost wages or punitive damages; net proceeds from the sale of real property, stocks, or inherited property; or other enterprise for gain.*

Please provide documentation of each source of income listed.

Family Member Receiving Income	Source of Income	Gross Amount Per Month	Document Attached	Verified by Office Staff
1.				
2.				
3.				
4.				
5.				
6.				

Staff office use ONLY

I certify under penalty of perjury that any other adults living in the home whose income is not listed above are not taking responsibility for the child. I realize that failure to report this information constitutes fraud and may result in repayment of child care funds and/or termination of subsidized child care services.

Adult Name _____ **Signature** _____ **Date** _____

Adult Name _____ **Signature** _____ **Date** _____

Two signatures are required if child has two adults responsible for his/her care.