



INCOME VERIFICATION FORM

Child's Name: _____

Date of Birth: _____

Start Date: _____

Complete and attach one month of income.

Names: Please list everyone who lives in your household.	Gross Earnings (Before Deductions)	Welfare	Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income

By signing below, I _____, am affirming that the above is true and includes all members of my household. I understand that falsifying information on this form will void my scholarship. Please advise us of changes during the scholarship period in the above.

Signature: _____

Date: _____

For WANK staff only. Do not write below this line.

<input type="checkbox"/> Infants (6wks to 12 months)	<input type="checkbox"/> Twos (24 to 36 months)	<input type="checkbox"/> VPK Wrap Around Care
<input type="checkbox"/> Ones (12 to 24 months)	<input type="checkbox"/> Threes to Fives(over 36mo)	

Total Annual Income: _____

Scholarship Level: _____