VERIFICATION OF INCOME/EMPLOYMENT FOR SCHOOL READINESS CHILD CARE

Early Learning Coalition of Lake of Lake County
Phone: (352) 435-0566  Fax: 352-435-0235

Dear Employer:

In order to determine the eligibility of ______________________________________ for child care services, please assist us by answering the questions below and returning this form to our eligibility counselor by ____________________________.

SECTION I – GENERAL INFORMATION

- Name of Employee: ____________________________________________________________
- Number of hours worked per week: _________  Number of days worked per week: _________
- Is employee required to work  □ Nights  and/or  □ Weekends?
- Employee is paid $__________ per hour, paid by □ Payroll check □ Self-employed □ Personal check □ Cash
- Does employee receive tips?  □ YES  □ NO  (If yes, show tips in SECTION II)
- Self Employed, Cash, Personal Check: Must be accompany with self-employment log Sheets, Taxes
- Or does employee receive a 1099 □ Yes □ No.
- How often is employee paid? □ DAILY  □ WEEKLY  □ BI-WEEKLY  □ MONTHLY  □ SEMI-MONTHLY
- Is employment seasonal?  □ YES  □ NO  (If yes, season begins ____________ through ____________)
- Does employee have the following automatically deducted out of paycheck? □ YES  □ NO
  □ CHILD SUPPORT  Amount $______________  □ ALIMONY  Amount $______________
- Date current employment began: _____________  Date previously employed (if applicable): ___________

SECTION II – RECORD OF PAY RECEIVED

List the gross amounts and dates of checks which were paid to this employee.
This should cover at least the previous 6 (six) weeks

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<tr>
<th>Pay Period Ends</th>
<th>Date Pay Received</th>
<th>Gross Earnings</th>
<th>Number of Hours Worked</th>
<th>Tips</th>
<th>EIC, Child Support, Alimony Withheld</th>
<th>Net Pay</th>
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SECTION III – EMPLOYER INFORMATION

The information I have given on this form is true and correct to the best of my knowledge. I further understand that if I knowingly giving false information, I am subject to prosecution for fraud.

____________________________________  __________________________________________
Employer’s Signature  Employer’s Title

________________________________________
Employer’s Name (printed)

______________________________
Name of Business

______________________________
Address

______________________________
Name of Business

□ YES  □ NO
□ CHILD SUPPORT  Amount $______________  □ ALIMONY  Amount $______________
Date Completed

R: 5/13