

## Wayne County GSRP 2019-2020 Income Verification Form

*These materials were developed under a grant awarded by the Michigan Department of Education*

Program Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

This child is income-eligible to participate in: \_\_\_\_\_ Head Start \_\_\_\_\_ Great Start Readiness Program

	Income Source	Amount Received	Frequency* W, BW, M, 2xM	Annual Total
<input type="checkbox"/>	Income Tax Form 1040			
<input type="checkbox"/>	W-2			
<input type="checkbox"/>	TANF Documentation (Cash Assistance only)			
<input type="checkbox"/>	Pay Stub <i>Use GROSS earnings, including overtime pay</i>			
<input type="checkbox"/>	Unemployment			
<input type="checkbox"/>	Written statement from employer			
<input type="checkbox"/>	Foster Care Reimbursement			
<input type="checkbox"/>	SSI Documentation			
<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	Alimony			
<input type="checkbox"/>	Pension(s)			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	No Income (see below)			
* W=weekly BW=bi-weekly M=monthly 2xM=2 times per month			<b>ANNUAL TOTAL:</b>	

**Documentation of No Income** *(complete only if parent has no income).*

- \_\_\_\_ I am a student
- \_\_\_\_ I affirm that I do not receive income from any source
- \_\_\_\_ I am supported by family members
- \_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

\_\_\_\_ GSRP Staff has reviewed income documentation

\_\_\_\_ GSRP Staff has attached copies of the income documentation

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_