

Wayne County GSRP Income Verification Form

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

Program Name: _____ Child's Name: _____

	Income Source	Frequency* W, BW, M, 2xM	Amount Received
	Income Tax Form 1040		
	W-2		
	TANF Documentation (Cash Assistance only)		
	Pay Stub <i>Use GROSS earnings, including overtime pay</i>		
	Unemployment		
	Written statement from employer		
	Foster Care Reimbursement		
	SSI Documentation		
	Child Support		
	Alimony		
	Pension(s)		
	Other:		
	No Income (see below)		

***W=weekly, BW=bi-weekly, 2xM=2 times per month, M=monthly**
TOTAL:

Number Supported _____ %FPL _____ Quintile _____
 Child is income-eligible for: Head Start (Q1-2) _____ GSRP (Q3-5) _____

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 Enrollment Specialist has reviewed income documentation, and
 _____ GSRP Enrollment Specialist has attached copies of the income documentation
 Staff Name: _____ Date: _____
 Staff Signature: _____