

PREKINDERGARTEN INCOME ELIGIBILITY FORM



Please complete the following:

- 1. ALL HOUSEHOLD MEMBERS.** List all people living in the household including all children. List **all** current household income, where applicable, **before** expenses and deductions for taxes, etc., and how often it is paid: weekly (wk), every two weeks (bi-wk), twice a month (twice), or monthly (mo). If your income varies, write the amount you usually earn. Use additional paper if needed.

Last Name	First Name	Relationship to Child	Birth Date	Earnings from Work before deductions Job 1		Earnings from Work before deductions Job 2		All Other Income Child Support, Alimony, TCA, Disability, Social Security; financial support	
				Amount	How Often	Amount	How Often	Amount	How Often
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

- 2. SIGNATURE.** I certify that all the above information is true and that all income is reported. I understand that this information is being given for the school's receipt of state funds; that school officials may verify the information. Falsification of any information submitted may be cause for rejection of this application or removal from the program after placement.

Signature, Adult in Household _____ Date / / _____