

VERIFY INCOME

Some families may be categorically eligible for a publicly funded seat if the family experiences housing instability, receives SNAP benefits, and/or child lives in foster care. Families that are categorically eligible do not need to submit proof of income. Families in a temporary living arrangement due to loss of housing or economic hardship (homeless) must verify status with <u>NOLA-PS</u>. Families applying for a tuition–based early childhood seat do not need to submit proof of income.

Children with disabilities and children whose home language is not English may be eligible to receive services but must still qualify to participate in publicly funded programs. These children may be able to be served through other funding sources such as Title I, 8(g), and IDEA.

Not categorically eligible, submit the following:

- Two most current, consecutive pay statements for ALL parent(s) and other adult(s) living in the household, including Social Security Income benefits, if applicable, accompanied by all other applicable income documentation Or
- A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current pay statements Or
- Official employer letter stating place of employment, hourly rate of pay & average number of hours worked per week Or
- Unemployment Benefits must submit a Monetary Determination letter from the Workforce Commission Or
- Statements of No Income form, if claiming zero income Or
- Declaration of irregular_Employment, if intermittently or self-employed with no other proof of income to provide
- *Statement of No Income and Declaration of Irregular Income information is now available in the application in multiple languages.

Used to Verify

• Total household gross income based on hourly rate of pay

What are pay statements?

A pay statement is a summary of your earnings for a specific date, usually the day you were paid. It includes your income, pay schedule, after-tax net pay, and information about your employer.

How do I get my pay statements?

If you do not have pay statements, you can get your pay statements from your employer. Simply ask your manager or Human Resources department for a copy of your pay statements.

Example #1 of Pay Statements

ABC Company 1234 Main Street San Francisco, CA 94102

> Pay Stub Detail PAY DATE: 07/01/2021 NET PAY: \$3,371.84

John Doe 2000 14th Street San Francisco, CA 94102

EMPLOYER ABC Company 1234 Main Street San Francisco, CA 94102

(415) 555-5555

EMPLOYEE

John Doe 2000 14th Street San Francisco, CA 94102

SS: ... 1234

Period Beginning Period End Pay Date

PAY PERIOD

06/16/2021 06/30/2021 07/01/2021

NET PAY:

\$3,371.84

MEMO:

PAY	Hours	Rate	Current	YTD	DEDUCTIONS	Current	YTD
SALARY			\$5,000.00	\$65,000.00			

TAXES	Current	YTD	
Federal Tax	\$825.38	\$10,729.94	
FICA - Medicare	\$72.50	\$942.50	
FICA - Social Security	\$310.00	\$4,030.00	
CA State Tax	\$360.28	\$4,683.64	
CA SDI	\$60.00	\$780.00	

SUMMARY	Current	YTD
Total Pay	\$5,000.00	\$65,000.00
Taxes	\$1,628.16	\$21,166.08
Deductions	\$0.00	\$0.00
Net Pay	\$3,371.84	

Example #2 of Pay Statements

STATEMENT OF EARNINGS AND DEDUCTIONS

ABC Company

1234 Main Street San Francisco, CA 94102 (415) 555-5555

Employee Information

Employee Name: John Doe Employee Social: XXX-XX-1234 Employee ID: Employee Address: 2000 14th Street San Francisco, CA 94102

Pay Schedule

Pay Schedule: Semi-Monthly Period Beg: 06/16/2021 Period End: 06/30/2021 Pay Date: 07/01/2021

Earnings and Deductions

	EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHHOLDINGS/ DEDUCTIONS	CURRENT	YTD Amount
SALARY				+5-000-00	Federal Tax	\$625.38	+10-727-74
					FICA - Medicare	\$72.50	#942.5D
					FICA - Social Security	+310.00	+4+030-00
					CA State Tax	#3L0.26	#4.L83.L4
					CA SDI	+60.00	\$78D-00

Summary

	CURRENT	TTD AMOUNT
Gross Income:	\$5,000.00	¢65,000.00
Total Deductions:	\$1.628.16	\$51-166.08
Net Income:	\$3-371-84	\$431833.92

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ABC Company - 1234 Main Street, San Francisco, CA 94102

Example #3 of Pay Statements

Payment Statement

ayment Date:	Septem	ber 29, 2006				Curre	ent YT
Period: 9 (01-Sep-2006 - 30-Sep-2006)					Gro		
					Deductio		
eference #: 1	13664				N	et: 1,754.	31 25,436.9
Volf, Eric			Depo	osit Bank	Transit Acco	unt	Amoun
756 Weston I	Dr.			004	91520 09433	3111953	1,754.3
ledley /3T 3G7	BC	9 /		R	\mathbf{O}		
		Earnings		\bigcirc		Deductions	
Code	Hours	HoursYTD	Dollars	DollarsYTD	Code	Dollars 1	DollarsYTD
Medical Services	P		54.00	486.00	E	74.25	659.69
Regular	144.00	1,440.00	3,374.36	31,991.86	MED	41.50	367.28
Retro Pay				114.58	DENTAL	40.46	365.43
Vacation Taken	16.00	80.00	361.54	1,802.42	LTD	21.55	193.19
Sick Time Taken		32.00		701.96	LIFE	9.94	87.37
Vacation - Sick	8.00	8.00	180.77	180.77	DUFE	0.82	7.38
	168.00	1,560.00	3,970.67	35,277.59	TAX	745.73	6,495.83
		.,	7		CPP	182.11	1,616.31
					Mid Month	1,100.00	9,900.00
					MM Adv.	0.00	-9,900.00
					COSTCO	0.00	48.15
			Y			2,216.36	9,840.63
	Ba	anks			Emj	oloyer Contri	butions
-		Balance i	in Hours		Code	-	DollarsYTD
Description		30.03			"EI	104.03	924.27
Description Vacation Bank Paid Time Off					"MED	57.30	507.13
Vacation Bank		-0.70				57.30 60.69	
Vacation Bank					*DENTAL	60.69	548.15
Vacation Bank							507.13 548.15 31.45 1,616.31

410.46 3,638.51