



Office of Early Childhood

Declaration of Irregular Income Form

For use with CCAP B-3 Seats, Early Childhood Education Fund, LA4, or NSECD Publicly Funded Seat Programs

This form must be completed by any adult household members who are employed intermittently, self-employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____, state that my income or support comes from:

- ☐ Self-employment (provide most recent IRS Form 1099) _____
☐ Parents/Family (attach a statement from person providing support) _____
☐ Circle all that apply: Seasonal employment Irregular employment Cash payments

Provide gross income for the past 12 months.

Average Hours Worked per Week: _____ Average Monthly Earned Income: _____

Month	Gross Income	Average Weekly Hours Worked		Month	Gross Income	Average Weekly Hours Worked

Please attach a letter from employer(s) or contact information for employer(s) for verification.

I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.

Parent name (print) _____

Parent signature _____ Date _____

Approving Authority _____ Date _____