



Declaration of Need and Self-Certification of Income For Self-Employed Parents

Job Title: _____ **Date Business Established/License Received:** ___/___/___

Business Name: _____

Business Hours _____ am/pm to _____ am/pm M Tu W Th F Sa Su

Business Hours _____ am/pm to _____ am/pm M Tu W Th F Sa Su

Duties and Description (describe the type of work you do): _____

Please check one of the following:

I work out of my own home (**you must describe how the work you do prevents you from watching your own children**) _____

I work outside of my home in one location where I rent a space for my business (**you must attach a copy of the rental agreement/lease**).

I work outside of my own home in variable locations, I do not rent a stationary space for my business (**you must complete the client list on the back side of this form**).

WORK SCHEDULE:

	<u>Start Time</u>	AM	PM	<u>End Time</u>	AM	PM
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

I work a variable schedule (**if this applies please check one and indicate the range of hours**):

Days Vary Hours Vary Days and Hours Vary

- The number of hours **per week** ranges from _____ hours to _____ hours.
- The earliest time I can start working is _____ am/pm and the latest time I can stop working is _____ am/pm
- The average number of days I can work per week is _____

Monthly gross income before any deductions: \$ _____

To verify your income, attach at least two of the following documents: a letter(s) from the source of your income, copies of checks/receipts from the source of your income (client receipts/logs for services rendered), business records (receipts/ledgers), recent bank statements for your business/personal accounts, copy of your most recent signed and completed tax return with a statement of current estimated income for tax purposes, or anything else that verifies your income.

You must also submit a copy of your business licenses, business cards and website address, flyers advertising the business, etc. (anything that proves your business exist).

If you are unable to provide any of the documentation indicated above, please tell your Family Service Associate (FSA). If you cannot provide anything to establish your hours worked and your income, or if your FSA cannot verify any of the information submitted, your requested childcare hours may not be authorized.

I hereby certify under penalty of perjury under the laws of the State of California that the information stated above and any documentation submitted herewith, are true and correct to the best of my knowledge, and that none of such information or documentation is misleading, untrue or false. I further understand and acknowledge that by signing this statement, the above information and documentation submitted herewith are subject to verification and hereby grant CAPMC/APP the authority to verify such information and documentation. If the above information and/or documentation submitted herewith are found to be false, untrue or misleading, I understand that I may be subject to prosecution and punishment under the laws of State of California.

Print Name

Parent Signature

Date

Client List for Parents Who Work In Variable Locations

Name of Client: _____ Phone Number: _____

Type of Service Performed: _____

Estimated hours worked per week with this client _____

Weekly amount received from client for services: \$ _____ Method of Pay: Cash Check

FOR OFFICE USE ONLY:

Information verified on ____/____/____

Comments: _____

Name of Client: _____ Phone Number: _____

Type of Service Performed: _____

Estimated hours worked per week with this client _____

Weekly amount received from client for services: \$ _____ Method of Pay: Cash Check

FOR OFFICE USE ONLY:

Information verified on ____/____/____

Comments: _____

FOR OFFICE USE ONLY

Verified information on (date); ____/____/____ See case note dated: ____/____/____

Comments: _____

Please check one box below:

- I certify that the above information provided by the parent was verified and is correct to the best of my knowledge.
- I certify that the above information provided by the parent could not be verified and therefore I could not authorize the requested childcare hours.
- I certify that the duties and description of the work the parent does in their own home does not preclude them from watching their own children and therefore I could not authorize the requested childcare hours.
- I certify that the above information provided by the parent was verified and is correct to the best of my knowledge however the information was determined to be not reasonable as indicated therefore childcare hours were authorized based on the California minimum wage.

FSA Name FSA Signature Date

Manager Approval for Self-Certification of Income Form Only:

- I certify that the Self Certification of Income can be accepted as the only form of income verification.

Manager Name Manager Signature Date