**Declaration of Income for SELF-EMPLOYMENT & IRREGULAR EMPLOYMENT**

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.

Parent Name_________________________________________  Child’s Name_________________________________________

Address_____________________________________________  City, State, Zip________________________________________

Phone_______________________________________________  Email__________________________________________________

I,______________________________________________________, state that my income or support comes from (Check ALL that apply):

- □ Self-employment (provide most recent IRS Form 1099)
- □ Parents/Family (attach CERTIFICATION OF FINANCIAL/HOUSING/LIVING SUPPORT)
- □ Seasonal employment
- □ Irregular employment
- □ Cash payments

Provide gross income for the past 12 months:

<table>
<thead>
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<th>MONTH</th>
<th>GROSS INCOME</th>
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- □ Other_____________________________________________

My rent/house payment, utilities, food, and transportation expenses are being paid for by:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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 ______________________

PTHS Staff signature___________________________________________  Date ______________________

REV. 9/2020