## CHILD DEVELOPMENT, INC.

	INCOME CALCULATION WORKSHEET & STAFF STATEMENT/INTERVIEW NOTES IId/Applicant's Name: Date of Birth:					
Us	IN e Pg. 2 for *Staff Sta	COME CALCULA			nature	
Is family current inc	come level significantly	different from the inco	me reported on 20_	1040?		
🗆 NO Income chai	nge: Please provide all '	W-2's, 1099's or all sig	ned 1040's.			
Approx. Jan - Dec Gross Income						
YES Income ha	as changed, please com	plete sections A1, A2	and B and all suppo	orting documents.		
A1. RELEVANT TIME PERIOD used (Month/Year): Start End ♦ ERSEA will review all documents & statements submitted for final eligibility verification.						
		s & statements submitte	d for final eligibility ve			
A2. INCOME ELIGIE						
Record all sources	Record all sources of gross income from the last 12 months preceding the month of the application submission.           Approx. Last 12 month Gross Income					
see training	ULATION: Please be s	sure to identify what tim	ne period a docume	ent provided covers; <b>ic</b>	or examples please	
Col. 1	Col. 2		Col. 4 Time Period	Col. 5	Col. 6	
Parent(s)/Guardian(s) Name	Type of Income (Company name, child support, Unemployment, Social Security)	Col. 3 Employment Dates	Documents Cover (Month/Year, Job length, etc.)	Documents Provided (W2's, pay stubs, letter from employer, child support documentation, unemployment letter, etc.)	Calculation/Amount for Period (Show calculations as appropriate)	
			<u> </u>			

C. STAFF STATEMENT/INTERVIEW NOTES: Complete 1-5 as applicable. Sign & date below.	
1) McKinney Vento eligibility	
Describe Family Living Situation (including specific condition under which determined to be McKinney Vento) & V	/erification Efforts
2) Zero income in relevant time period <u>+ Zero Income form</u>	
Eligibility for program if No Income during relevant time period: Ask if there is something or someone (3 <sup>rd</sup> p can use to verify your eligibility for program?	arty verification) we
Eamily has income and no decumentation is available / Solf Declaration form	
Family has income and no documentation is available <u>+ Self Declaration form</u> Describe Staff Verification Efforts	
<b>Other</b> – Please describe circumstances & staff verification efforts:	
5)   Family consents to Third Party Verification – Complete a form for each person/company to conta	ct.
Completed by: Date:	
Completed by: Date:	

Staff signature: \_\_\_\_\_