

Child=s (Children=s) name: \_\_\_\_\_ Parents/legal Guardians name: \_\_\_\_\_

Please provide the following information concerning your family income. This information is needed to determine if your family is income-eligible for the HRDC Head Start program. If your family=s income is determined to be over the income guidelines, your application will be placed on the Over-Income wait-list, and you will be notified if an opening becomes available for your child(ren). **Families receiving Social Security or TANF benefits are income eligible.**

Please list all sources of income any members of your family are currently receiving. (List by family member).

| Family Member | \$Gross Amount (Before Taxes) | When? (Monthly, weekly, etc.) | From Where (Name of Employer, PATHWAYS Grant, Child Support, Financial Aid, Social Security, etc.) | Employment Status (Full-time, Part-time, unemployed, seasonal, student) |
|---------------|-------------------------------|-------------------------------|--|---|
|               |                               |                               |  |   |
|               |                               |                               |  |   |
|               |                               |                               |  |   |
|               |                               |                               |  |   |

What is your family=s TOTAL Gross Annual Income? \$ \_\_\_\_\_

Please provide any of the following income documentation with this application to verify your family=s gross annual income:

( ) W-2 ( ) Check Stubs ( ) Tax Return ( ) PATHWAYS Benefit Statement ( ) Student Grant Award Letter ( ) I have NO cash income at this time.

**Certification:** I, the parent or legal guardian of the above named child(ren), certify that the information provided here is true. If any part is false, my participation in the HRDC Head Start program may be terminated. I also understand the information I have provided will be shared with the Montana Department of Public Health and Human Services. (Necessary for the agency to continue receiving State funding.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only!

HRDC Head Start Certificate of Income Verification:

Total family income \$ \_\_\_\_\_ for the period of \_\_\_\_\_

I certify that I have examined the above income documentation and have determined this child is: ( ) income-eligible ( ) over the income guidelines

Head Start Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: