

FUN SHIP CHILDREN'S CENTER

STATE PRESCHOOL PROGRAM

SELF CERTIFICATION OF INCOME

FSCC provides preschool services funded by the California State Preschool Program. In order to document eligibility for this program, our agency is required to verify an applicant's employment and income. Thank you for your cooperation in completing the form below.

Parent Name:	Child's Name:
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I give permission to contact my employer.

EMPLOYER INFORMATION (To be completed by employer only)

Business or Employer Name:	Address:
Phone Number:	Employer Signature:

EMPLOYEE INFORMATION (To be completed by employer or, by applicant if self-employed; or you cannot obtain verification of your employment due to your employer's refusal/failure; or, your request will put your employment at risk.)

Employee Name:	Nature of Work:
Hire Date:	Payment Method: Cash <input type="checkbox"/> Check <input type="checkbox"/>
I am paid: (choose one) \$_____ per hour; \$_____ per day; \$_____ per week; \$_____ bi-weekly; \$_____ per month.	
(Complete only if applicable) I receive overtime or tips: \$_____ per day; \$_____ per week; \$_____ bi-weekly; \$_____ per month.	
Days and hours worked per day: (Choose all that apply): Hours From: _____ To: _____ Monday: ___ hrs; Tuesday: ___ hrs; Wednesday: ___ hrs; Thursday: ___ hrs; Friday: ___ hrs; Saturday: ___ hrs; Sunday: ___ hrs.	
Employer Signature:	Date:

SELF CERTIFICATION (To be completed **ONLY** if you are self-employed)

Nature of my business:
As verification of self-employment <i>income</i> , I will provide <u>as many possible</u> of the following documents as possible: <input type="checkbox"/> Letter from source of income <input type="checkbox"/> Copy of the most recently signed and completed tax return with a statement of current estimated income for tax purpose <input type="checkbox"/> Other business records, such as ledgers, receipts, or business logs <input type="checkbox"/> Current bank statements <input type="checkbox"/> Business website or advertisement information
Client List (please provide names and phone numbers of three clients): Name: _____ Phone: _____ 1. _____ 2. _____ 3. _____

I understand that knowingly using incorrect or inaccurate information to obtain a benefit that I would not be entitled to receive is cause for FSCC to decline or terminate services for a family. I declare under penalty of perjury and the laws of the State or California that the information I have provided is true and correct to the best of my knowledge.

Parent Signature: _____

Date: _____