

Early Start Columbus Income Verification Form for Children Enrolled in Funding Category 1

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required, attach another sheet of paper)

Definition of Household Member:
Anyone who is living with you and shares income and expenses, even if not related.

Child's First Name	MI	Child's Last Name	Student? Yes No	Homeless, Migrant, Runaway

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, PFCC? Circle one: Yes / No

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3). Case Number:

STEP 3

Report Income for ALL Household Members

ALL Family Income Verification

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all child Household Members listed in STEP 1 here.

Child Income

How Often?

\$

Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?				Public Assistance/ Child Support/Alimony	How Often?				Pensions/Retirement/ All Other Income	How Often?					
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		
	\$																
	\$																
	\$																
	\$																
	\$																

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X

Check if no SSN

STEP 4

Contact information and adult signature

I certify that all information on this verification form is true and that all income is reported. I understand that this information is given in connection with the receipt of Early Start Columbus funds and may be verified. I am aware that if I purposely give false information, my children may lose Early Start Columbus funding.

Street Address (if available)	City	State	ZIP	Daytime Phone and Email
Printed name of adult completing the form	Signature of adult completing the form	Today's date		