

UNEARNED INCOME DECLARATION

Instructions: Family must declare the following annual income in all categories listed below for all parents/guardians in the home.

Family Income:	Total:
Child Support Income: \$ _____ Per Month (X12 months)	= \$ _____
TANF Income: \$ _____ Per Month (X12 months)	= \$ _____
Disability Income \$ _____ Per Month (X12 months)	= \$ _____
Unemployment Income: \$ _____ Per Week (X52 weeks)	= \$ _____
TOTAL ANNUAL UNEARNED FAMILY INCOME (this page):	\$ _____ (+)
TOTAL ANNUAL EARNED FAMILY INCOME (see page. 3):	\$ _____ (=)
TOTAL ANNUAL FAMILY INCOME:	\$ _____

By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be request to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contact to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the program.

Parent Signature

Date