



Pacific Preschool

www.pacificesd.org
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 Davenport, CA 95017
 831-425-7002

DECLARATION OF FLUCTUATING INCOME

PARENT A _____ PARENT B _____

Please use this form in the absence of W-2, 1040, or check stubs representing a recent complete month. This form requires reporting the required months of income.

A declaration statement written under penalty of perjury attests that the contents of the statement are true and correct to the best knowledge of the person completing the declaration statement.

If both parents have applicable income, then each parent must complete a separate copy of this form.

Parent: _____ Child: _____ Date: _____

1. Fluctuating income: Self Certification

<p>Type of Income (Circle one)</p>	<p>1. Migrant, agricultural, or seasonal work: This covers workers whose annual employment has periods of highs and low to no activity (average monthly income from the preceding 12 months prior to the period that establishes eligibility for services).</p> <p>2. Intermittent earnings or income: This covers income that is infrequent or single occurrences over a period of certification. Average the intermittent income from the preceding 12 months by dividing by 12 and add this to the other countable income. (e.g., bonuses, commissions, lottery winnings, inheritance, back child support payment, or net proceeds from the sale of real property or stock)</p> <p>3. Unpredictable income: This covers parents whose income is difficult to calculate because it has no recognizable pattern. Average the income from at least three (3) consecutive months and no more than 12 months preceding the period that establishes eligibility for services. (e.g., unpredictable days and hours of employment, overtime, or self-employment)</p>
Name of Employer	
Address of Employer	
List name and contact information for employer	
Rate of Pay (before taxes)	\$ _____ per _____ (hour, day, week, month, etc)

What has your gross income been for the required months?	Month: _____ Gross Income: _____
	Month: _____ Gross Income: _____
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	Month: _____ Gross Income: _____
	Month: _____ Gross Income: _____

2. Please list any additional information which would help us understand your financial situation:

I hereby certify that the above information is current, true, and correct and provided to Pacific Preschool to establish my need and eligibility for subsidized child care services. I understand that this information is given in connection with receipt of State Funds. Pacific Preschool representatives and/or governmental officials may verify information. Misrepresentation may subject me to actions that can affect my child care services and/or prosecution afforded by state criminals and/or civil statues.

Parent Signature

Date

NOTE: Authority cited: Section 8261 and 8263, Education Code. Reference: Sections 8261 and 8263, Education Code. **§18096.**

----- **FOR OFFICE USE ONLY** -----

Employee Signature

Date