

## Pacific Preschool

www.pacificesd.org 50 Ocean Street/P.O. Box H Davenport, CA 95017 831-425-7002

## DECLARATION OF SELF EMPLOYMENT AND INCOME

Please use this form in the absence of W-2, 1040, or check stubs representing a recent complete month.

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. **Self-employment income:** Self Certification Nature of Self-Employment Place of Self-Employment (city, county) Rate of Pay (before taxes) (\$ per ) **How Often Paid?** (weekly, monthly, etc.) List name and contact information for one customer or client, if applicable Is this a business? **Business Address** What has your Month: Income: income been for the last three Month: Income: months? Month: Income:

(OVER) Rev. April 2021

2. Non-employment income:	: Self certification	when no documen	tation is possible:
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(Public Assistance, Disability/Unemployment, Workers Compensation, Spousal Support, Child Support, Survivor Benefits, Retirement Benefits, Dividends/Interest, Rental Income, Foster Care grant, Financial assistance for child, Veterans pension, Annuity/Pension, Inheritance, Housing included in pay, Auto included in pay, Student Loan living expense, Insurance settlements, Net gain from property, other income).

What type?	
How Much?	
How Often?	
Why?	
What type?	
How Much?	
How Often?	
Why?	
What type?	
How Much?	
How Often?	
Why?	
3. Please list any additional info	ormation which would help us understand your financial situation:
to establish my need and eligibility given in connection with receipt of officials may verify information. Mi	ormation is current, true, and correct and provided to Pacific Preschool of for subsidized child care services. I understand that this information is a State Funds. Pacific Preschool representatives and/or governmental as srepresentation may subject me to actions that can affect my child care led by state criminals and/or civil statues.
Parent Signature	 Date