

## Family Income Declaration Form

**Child's Name**

**“Family” means the parents and the children for whom the parents are responsible.** *Who comprise the household in which the child receiving services is living. For purposes of income eligibility and family fee determination, when a child and his or her siblings are living in a family that does not include their biological or adoptive parents, “family” shall be considered the and related siblings (Title 5 18078 f).*

**“Total Countable Income” means all income of the individuals counted in the family size that includes, but is not limited to the following (Title 5 18078)** *gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings; wages for migrant, agricultural, or seasonal work; public cash assistance; gross income for self-employment less business expenses with the exception of wage draws; disability or unemployment compensation; workers compensation; spousal support, child support, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support; survivor and retirements benefits; dividends, interest on bonds, income from estate or trusts, net rental income or royalties; rent for room within the family’s residence, foster care grants, payments or clothing allowance for children placed through child welfare services; financial assistance received for the care of child living with an adult who is not the child’s biological or adoptive parent; veterans pensions; pensions or annuities; inheritance; allowances for housing or automobiles provided as part of compensation; portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies; insurance or court settlements for lost wages of punitive damages; net proceeds from the sale of real property, stocks, or inherited property; or other enterprise for gain.*

*Please provide documentation of each source of income listed.*

Family Member Receiving Income	Source of Income	Gross Amount Per Month	Document Attached	Verified by Office Staff
1.				
2.				
3.				
4.				
5.				
6.				

**Staff office use ONLY**

**I certify under penalty of perjury that any other adults living in the home whose income is not listed above are not taking responsibility for the child. I realize that failure to report this information constitutes fraud and may result in repayment of child care funds and/or termination of subsidized child care services.**

**Adult Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Adult Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Two signatures are required if child has two adults responsible for his/her care.**