



Verification of 30 Day Gross Income

I, the undersigned applicant/participant of the CCDF program, hereby authorize the release of requested income information:

Parent Signature _____
Date

Your Employer is to complete this section.
Income reported must be the previous 30 days from _____.

The above named individual has applied for the CCDF program, administered by our agency: River Valley Resources. In order to determine eligibility, questions 1-12 must be completed. If this form is not completed correctly, the client will not receive funding for daycare.

1. List the **gross amount** for each check, **hours worked**, and **date received**.
2. **If paid weekly, the four (4) most recent pay dates are required.**
3. **If paid bi-weekly, the two (2) most recent pay dates are required.**

4. Gross Amt \$ _____ Date Received _____ Hours Worked _____
5. Gross Amt \$ _____ Date Received _____ Hours Worked _____
6. Gross Amt \$ _____ Date Received _____ Hours Worked _____
7. Gross Amt \$ _____ Date Received _____ Hours Worked _____

Paid (circle one only) Weekly Bi-Weekly Monthly

8. Work Shift (circle one only) 1st 2nd 3rd Rotating

9. Business Name: _____

10. EIN # (Federal Tax Id number) _____
(required entry)

11. _____
signature title

12. _____
telephone # date