**Quarterly Household Income Verification Form**

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This document certifies that you are formally submitting requested Income information. All household members over the age of eighteen (18) must provide income verification for the family to remain on the CCDF program.

Requested Documents due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the following documents to the CCDF staff:

* **Paystubs**  - 3 months back; Time Period: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Work Schedule** – if it fluctuates, send in a schedule for last 3 months;
* **Letter from Employer** – submit a letter from your employer on company letterhead
* **Quarterly Employment Form**  - submit signed by employer

Name: **\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of CCDF Applicant you are living with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Size: **\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Job Title: **\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Work Schedule: **\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pay Rate: ; **\_\_\_\_**Monthly or \_\_\_\_ Hourly (check one)

Name of Employer: **\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employer’s Address: **\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employer’s Telephone Number:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Under federal regulations, CRIHB and the CCDF program are required to verify the employment status and family income of all CCDF clients. At least one parent/guardian must be employed to continue to be eligible for CCDF.

**Failure to complete and return the information requested by the time period given above will terminate your current CCDF Agreement. You will be financially responsible for all child care costs if your CCDF Agreement is terminated.**

Please turn in all requested documents before the due date.

***CRIHB OFFICE USE ONLY:***

TOTAL HOUSEHOLD SIZE: **\_\_ \_\_ \_\_\_\_**

TOTAL HOUSEHOLD INCOME: \_\_\_\_\_\_\_\_\_

PERCENTAGE OF HOUSEHOLD INCOME: \_\_\_\_\_\_\_\_\_

INCOME ELIGIBLE: **\_\_ \_\_**YES, \_\_\_\_\_ NO