

ATTN:

CHILDREN'S HOME SOCIETY OF CALIFORNIA

RECORD OF INCOME

Parent's Name (Please Print): _____

Month: _____

Employer's Name: _____

In order to assist you with tracking your income, please complete this form for one full month and return the form to your Program Specialist as requested. Attach any available backup documentation (such as receipts for services).

Day	Hours Worked	Income Received	Day	Hours Worked	Income Received
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			Total Received:		

I declare this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate.

Signature of Parent/Guardian

Date