

# VERIFICATION OF INCOME/EMPLOYMENT FOR SCHOOL READINESS CHILD CARE

Early Learning Coalition of Lake of Lake County Phone: (352) 435-0566 Fax: 352-435-0235

Dear Employer:

In order to determine the eligibility of \_\_\_\_\_ for child care services, please assist us by answering the questions below and returning this form to our eligibility counselor by \_\_\_\_\_.

## SECTION I – GENERAL INFORMATION

❖ Name of Employee: \_\_\_\_\_

❖ Number of hours worked per week: \_\_\_\_\_ \*Number of days worked per week: \_\_\_\_\_

Is employee required to work  *Nights* and/or  *Weekends*?

❖ Employee is paid \$\_\_\_\_\_ per hour, paid by  Payroll check  Self-employed  Personal check  Cash

❖ Does employee receive tips?  YES  NO (If yes, show tips in SECTION II )

Self Employed ,Cash , Personal Check: *Must be accompany with self-employment log Sheets, Taxes*

Or does employee receive a 1099  Yes  No.

❖ How often is employee paid?  DAILY  WEEKLY  BI-WEEKLY  MONTHLY  SEMI-MONTHLY

❖ Is employment seasonal?  YES  NO (If yes, season begins \_\_\_\_\_ through \_\_\_\_\_)

❖ Does employee have the following automatically deducted out of paycheck?  YES  NO

CHILD SUPPORT Amount \$\_\_\_\_\_  ALIMONY Amount \$\_\_\_\_\_

❖ Date current employment began: \_\_\_\_\_ Date previously employed (if applicable): \_\_\_\_\_

## SECTION II – RECORD OF PAY RECEIVED

List the gross amounts and dates of checks which were paid to this employee.  
This should cover at least the previous 6 (six) weeks

Pay Period Ends	Date Pay Received	Gross Earnings	Number of Hours Worked	Tips	EIC, Child Support, Alimony Withheld	Net Pay

## SECTION III – EMPLOYER INFORMATION

The information I have given on this form is true and correct to the best of my knowledge.  
 I further understand that if I knowingly giving false information, I am subject to prosecution for fraud.

Employer's Signature	Employer's Title
Employer's Name (printed)	Telephone Number
Name of Business	Date Completed
Address	