

## Child Care Scholarship Income Worksheet

First Name										
Last Name										
Customer ID (SSN)										
Income Type										
Verification Source		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked
Gross income & hours										
Gross income & hours										
Gross income & hours										
Gross income & hours										
Gross income & hours										
Gross income & hours										
<b>Total Pay</b>	<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>	
Number of Pay Stubs	0	0	0	0	0	0	0	0	0	0
Average/ Period	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Pay Description										
Payment Frequency next to Frequency in Weeks	0	0	0	0	0	0	0	0	0	0
Annual Income	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Average Hrs Worked/Week		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!

Type of Deduction	Deduction
Alimony Paid only	
Child Support Paid out	
<b>Total Deductions</b>	<b>\$0.00</b>

Put an X next each of the excluded income types the family receives			
	Adoption Benefits		One Time only gifts
	Food Stamps		School Loans
	Foster Parent Monthly Allotment (BG1-13)		SSI for Child(ren) only
	Housing		Work Study
	Other Specify:		

Gross Annual Income:	<b>\$0.00</b>	Adjusted Gross Annual Income:	<b>\$0.00</b>
Total # of Family Members:		Funding Group:	
Youngest Child's Daily Fees			Other Children's Daily Fees
FT		PT	
			Effective Date:

Comments: \_\_\_\_\_

\_\_\_\_\_

Eligibility Worker: \_\_\_\_\_