

Income Report

Parent "A" _____ Parent "B" _____ Family ID: _____
 Employer _____ Employer _____
 Child/ren's Names _____

- Please enter the monthly amount for each income type that is being received in Section 1
- If **None** is received, check the "NO" box for each income type not received.

SECTION 1: MONTHLY GROSS WAGES	No	DOCS RCVD (Required)	MONTHLY AMOUNT
Wages or Salary (Gross salary prior to deductions- Pay stubs or copies of monthly checks received)	<input type="checkbox"/>		A \$ B \$
Additional Gross Wages or Salary NOT included on payroll stubs or tax returns. (May include salary advances, commissions, overtime, bonuses, tips, gambling/lottery winnings, wages for migrant, agriculture or seasonal work)	<input type="checkbox"/>		A \$ B \$
Self Employment	<input type="checkbox"/>		A \$ B \$
Public Assistance, TANF (do not include food stamps)	<input type="checkbox"/>		A \$ B \$
Unemployment (EDD)	<input type="checkbox"/>		A \$ B \$
Disability OR Workers Compensation	<input type="checkbox"/>		A \$ B \$

In Addition to your Monthly Gross Wages listed above, does any of the following Additional Monthly Income in Section 2 apply to you or any adult counted in your family size?

- If **None** is received, check the "NO" box for each income type not received.

SECTION 2: MONTHLY GROSS WAGES	No	DOCS RCVD (Required)	MONTHLY AMOUNT
Benefits such as medical, dental, vision, life insurance, etc. included in gross amounts on pay check stubs if it has been determined that there is a cash value to it.	<input type="checkbox"/>		A \$ B \$
Spousal or child support received from the former spouse or absent parent OR Financial assistance for housing costs or care payments paid as part of or in addition to spousal or child support.	<input type="checkbox"/>		A \$ B \$
Survivor and retirement benefits; Veterans pensions, Pensions or annuities, Inheritance	<input type="checkbox"/>		A \$ B \$
Dividends, interest on bonds, income from estates or trusts, net rental income or royalties; Rent for room within the family's residence.	<input type="checkbox"/>		A \$ B \$
Foster Care Grants, payments or clothing allowance for children placed through child welfare services	<input type="checkbox"/>		A \$ B \$
Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parents.	<input type="checkbox"/>		A \$ B \$
Allowance for housing or automobiles provided as part of compensation	<input type="checkbox"/>		A \$ B \$
Portion of student grants or scholarships not identified for educational purposes as tuition, books or supplies.	<input type="checkbox"/>		A \$ B \$
Insurance or court settlements for lost wages or punitive damages.	<input type="checkbox"/>		A \$ B \$
Net proceeds from the sale of real property, stocks or inherited property or Other enterprise for gain.	<input type="checkbox"/>		A \$ B \$
Total from Section 1 & 2			\$

Note: Your Gross Monthly Wages may be adjusted if any deductions listed in Section 3 apply to you. Please enter the Monthly Amount below and submit required supporting documents. A Self Declaration of these deductions is **NOT** acceptable. If you have no deductions to report, check "NO".

SECTION 3: MONTHLY DEDUCTIONS	No	DOCS RCVD (Required)	MONTHLY AMOUNT
Total Self-Employment Business Related Expenses determined by signed Tax returns	<input type="checkbox"/>		A \$ B \$
Spousal or child support received from the former spouse or absent parent OR Financial assistance for housing costs or care payments paid as part of or in addition to spousal or child support.	<input type="checkbox"/>		A \$ B \$
Total from Section 3			\$

I hereby certify under penalty of perjury under the laws of the state of California that the information state above and any documents submitted herewith, are true and correct to the best of my knowledge, and that none of such information or documentation is misleading, untrue or false. I further understand and acknowledge that by signing this statement, the above information and submitted documents herewith are subject to verification and hereby grant T.E.A.C.H., Inc. the authority to verify such information and documents. If the above information and/or documents submitted herewith are found to be false, untrue or misleading, I understand that I may be subject to prosecution and punishment under the laws of the State of California.

Parent's Signature: _____

Date: _____