



Request for Reduced Parental Fees

CCAP Self-Employment Income Verification Form		Month:	
Complete a separate form for each person in your house who earns income from self-employment activity.			
Name	Address	Phone Number	SSN (optional)
1. Monthly Gross Income from self-employment (before expenses). Expenses (verifications must be attached to this completed form)		1. \$	
2. Business rent/mortgage expense		2. \$	
3. Gross labor business costs (money paid out to employees)		3. \$	
4. Cost of merchandise for business		4. \$	
5. Business taxes paid		5. \$	
6. Interest paid for business		6. \$	
7. Utilities paid for business		7. \$	
8. Business equipment costs		8. \$	
9. Vehicle expense (mileage only while working X current IRS mileage rate)		9. \$	
10. Other business costs (describe)		10. \$	
11. Subtotal of expenses (Total, lines 2-10)		11. \$	
12. Net income (Line 1- Line 11)		12. \$	
Document your work activity for this month using the chart on the next page. If child care is provided for your employment activity, the taxable gross wages divided by the number of hours of child care provided must equal at least the current federal minimum wage to continue receiving child care.			



Date	# of hours	Work activity	Date	# of hours	Work activity
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					

Please explain if you anticipate a change in the hours or activities you will work in the future:

In addition to this form, I understand that I must provide proof of my self-employment income and expenses. Proof could be receipts, income tax returns, bookkeeping records, bank statements, letters from customers, or copies of work agreements. I certify that the information presented in this Self-Certification is true and accurate to the best of my knowledge and belief. I further understand that providing false representation herein constitutes an act of fraud. (Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.)

Applicant's Signature

Date:

For County Use Only

Schedule of care authorized:

Income verified: yes no

Worker:

Date: