



**INCOME VERIFICATION FORM**

FAMILY NAME: \_\_\_\_\_ EFFECTIVE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD(REN) ENROLLED: \_\_\_\_\_

**STEP 1** Please locate the Total Adjusted Income from your most recent Federal Tax Return Form 1040 Line 37, Form 1040A line 21 or Form 1040EZ Line 4.

ADJUSTED GROSS INCOME: \$ \_\_\_\_\_

**STEP 2** In the Household Income Column on the Tuition Matrix, locate the range in which your Adjusted Gross Income falls. Go across the row to the age level of the child to determine the full-time weekly rate or part-time daily rate.

TUITION LEVEL: \_\_\_\_\_ TOTAL WEEKLY RATE: \$ \_\_\_\_\_

CHILD: \_\_\_\_\_ DAILY RATE (PART-TIME ONLY): \$ \_\_\_\_\_ X \_\_\_\_\_ DAYS = WEEKLY RATE: \$ \_\_\_\_\_

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If you indicated that your income is reflected in Level 1, would you like to be considered for the Tuition Assistance Program?

YES  NO

Multi-child discounts and Financial Assistance Program adjustments will be made by the Office manager or Executive Director and will be distributed to the family in writing.

**STEP 3** All levels require verification of income with photocopies of the first two pages of your most recent Federal Income Tax Returns reflecting Total Adjusted Income from Federal Tax Return Form 1040 Line 37, Form 1040A Line 21 or Form 1040EZ Line 4.

**PLEASE ATTACH YOUR INCOME VERIFICATION MATERIALS TO THIS FORM AND RETURN TO THE OFFICE MANAGER AS SOON AS POSSIBLE.**

If this return does not accurately reflect your household income at this time; it is significantly higher or lower, please inform the Office manager or the Executive Director.

**BE ASSURED THAT INCOME INFORMATION YOU PROVIDE WILL BE HELD IN CONFIDENCE.**

**STEP 4** Please read and sign below indicating your agreement.

The information attached and provided above is an accurate reflection of my (our) current income. I agree to pay the tuition as stated above according to the policies outlined in the Parent handbook or be subject to expulsion from the Child Care Center. I agree to pay tuition on the following schedule:

WEEKLY  BI-WEEKLY  OTHER: \_\_\_\_\_

Please specify after making special arrangements with Director or designee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Center Representative Date

**STEP 5** Please return this form and copies of tax documents to the office. Thank you!

**IF NO RESPONSE IS RECEIVED BY \_\_\_\_/\_\_\_\_/\_\_\_\_ THE LEVEL 10 TUITION FEE WILL BE APPLIED.**