

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS 2009-2010 INCOME STATEMENT (HS/EHS)

CHILD'S NAME _____ Birth date _____

Parent/guardian(s) _____

Proof of birth date: Birth certificate Medical coupon Other _____

Number in family (adults and children) Child's date of entry into program _____

SEE REVERSE SIDE FOR WORKSHEET

FAMILY INCOME (TOTAL GROSS INCOME)

ANNUAL

\$ _____ Past 12 months income

OR

\$ _____ IRS records

MONTHLY

\$ _____

ELIGIBILITY

- Income eligible (E)
- Foster child (F)
- Over 100% FPL/ receiving PA (P)
- Over 130% FPL/ no PA (O)

**PROOF/SOURCE OF INCOME USED
(check all that apply)**

- TANF (case number) _____
- Employer (pay stubs)
Employer name(s) _____
- IRS records (using '08 tax records, '09 after 2/10)
Employer name(s) _____
- Foster care grant
- Child support
- SSI (child or family member)
- Wage verification letter
(to be used only in the absence of any of the above)
List source _____
- Other (list source) _____

INCOME ELIGIBILITY AMOUNTS

SIZE OF FAMILY	ANNUAL INCOME GUIDELINES 100%	MONTHLY INCOME GUIDELINES 100%	ANNUAL INCOME GUIDELINES 130%	MONTHLY INCOME GUIDELINES 130%
1	\$10,830	\$ 903	\$14,079	\$1,173
2	\$14,570	\$1,214	\$18,941	\$1,578
3	\$18,310	\$1,526	\$23,803	\$1,984
4	\$22,050	\$1,838	\$28,665	\$2,389
5	\$25,790	\$2,149	\$33,527	\$2,794
6	\$29,530	\$2,461	\$38,389	\$3,199
7	\$33,270	\$2,773	\$43,251	\$3,604
8	\$37,010	\$3,084	\$48,113	\$4,009

(For family units with more than eight members, add \$3,740 for each additional member at 100%, or \$4,862 at 130%.)

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal or state funds; that institution officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Staff name (please print) _____

Staff signature _____ Date _____

DEFINITION OF INCOME

Total cash receipts before taxes from all sources, INCLUDING:

- Wages/salary before deductions
- Net income from self-employment
- Retirement/Social Security regular payments
- Worker's compensation
- Veterans' benefits
- Alimony
- Child support
- Military family allotments
- College scholarships, grants, fellowships
- Public assistance
 - TANF
 - SSI
 - Emergency assistance

Income does NOT INCLUDE:

- Capital gains
- Assets gained from sale of property, house or car
- Tax refunds
- Gifts
- Loans
- Lump-sum inheritance
- One time insurance payments or compensation for injury
- Non-cash benefits such as health insurance
- Federal non-cash benefits such as:
 - Medicaid or Medicare
 - Food stamps
 - School lunches
 - Housing assistance

PERIOD OF TIME for determining eligibility (whichever more accurately reflects the family's need):

- The 12 months immediately preceding the month in which application or reapplication for enrollment is made

OR

- The calendar year immediately preceding the calendar year of application

DEFINITION OF HOMELESS

“Homeless children” means:

1. Individuals who lack a fixed, regular and adequate nighttime residence; and
2. Includes:
 - a. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - b. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - c. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - d. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.

Sec. 725(2) of the McKinney-Vento Homeless Assistance Act.

DEFINITION OF FAMILY

1305.3(e) Family means all persons living in the same household who are:

1. Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, **and**
2. related to the parent(s) or guardian(s) by blood, marriage or adoption.