



# No Documentation of Income Verification

This form should be completed by designated STAFF and NOT the family

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

**Purpose:** To be used in situations when a family claims they have *no tangible documentation of income* to determine eligibility.

**Section 3 (A.3) Documentation that proves a child's eligibility at the time of the application process. Income must be based on the twelve months (or the calendar year) immediately preceding the month in which the family is applying. Programs must determine which option more accurately reflects the family's current situation.**

**Guidance:** Questions to consider asking to gather useful information as it relates to the family's income situation:

<p><b>Can you get a letter from your employer?</b> If so, make sure it has the following:</p> <ul style="list-style-type: none"> <li>Name of the company/Dates of employment</li> <li>How much and how often they get paid, gross.</li> </ul>	<p><b>Did you have any receipts?</b></p> <ul style="list-style-type: none"> <li>If so, take what they have and calculate it for the correlating months and document it.</li> </ul>
<p><b>Are you self-employed?</b></p> <ul style="list-style-type: none"> <li>If so, did you file taxes? If yes, ask for their 1099. If no, ask how much they earned per month.</li> </ul>	<p><b>Do you pay other employees?</b></p> <ul style="list-style-type: none"> <li>If so, ask for their 1099 or receipts of income prior to paying expenses (including employee pay). They may have documentation of revenue and expenses.</li> </ul>

**Complete the following section if the family meets one of the following criteria:**

- The family has no documentation due to homeless situation
- The family is self-employed/contractual employment and financial records have either been lost/destroyed or not kept.
- The family is unable to produce tangible documentation or is only able to produce partial documentation.

**Estimated Income (please estimate the income earned from the preceding 12 months)**

Amount	Month	Year	Source
\$	Jan	20__	
\$	Feb	20__	
\$	Mar	20__	
\$	Apr	20__	
\$	May	20__	
\$	June	20__	

Amount	Month	Year	Source
\$	July	20__	
\$	Aug	20__	
\$	Sep	20__	
\$	Oct	20__	
\$	Nov	20__	
\$	Dec	20__	

**Total Income: \$**

**Reason:** Why is the family reporting that they have **NO DOCUMENTATION OF INCOME?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

*My signature certifies that the information provided by me is true.  
 If any part of this information is found to be false, I may be subject to legal action.*

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

*Staff's signature serves as proof of verification to determine eligibility  
 based on the information presented to them by the parent/guardian during the date of application.*