



DECLARATION OF INCOME

Parent's Name: _____

Return to: _____

| Income Type | Amount | Frequency | Effective |
|--------------------------------|--------|-----------|-----------|
| Employment Income | | | |
| Tips, commission, bonuses | | | |
| Cash Aid | | | |
| Disability/Unemployment | | | |
| Workers Compensation | | | |
| Spousal Support | | | |
| Child Support | | | |
| Survivor Benefits | | | |
| Retirement Benefits | | | |
| Dividends/Interest | | | |
| Rental Income | | | |
| Financial Assistance for Child | | | |
| Veterans pensions | | | |
| Pensions or Annuities | | | |
| Inheritance | | | |
| Housing Allowance | | | |
| Auto Allowance | | | |
| Student Loan Living Expenses | | | |
| Insurance or Court Settlements | | | |
| Gambling or Lottery Winnings | | | |
| Net Gain from Property | | | |
| Other Income | | | |

I swear under penalty of perjury, to the best of my knowledge, that the above information is true. I also understand that false or misleading information provided to the 4C Council regarding my income will be grounds for termination. Furthermore, the 4C Council will actively pursue recovering the funds and that I will be prosecuted by State and Federal law enforcement agencies.

Parent's Signature

Date