

SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM POLICY MANUAL

Chapter 7 Family Definition and Determining Income Eligibility

Attachment 1

**VERIFICATION FORM FOR SELF-EMPLOYMENT
INCOME AND EXPENSES**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II – EXPENSES

Date	Amount	Type of Expense/Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that the above information on my business income and expenses to be true, complete and accurate for the period given.

Signature of Recipient/Applicant

Date Signed