



# Community Child Care Council (4Cs) of Alameda County

## INCOME SOURCE

Total Countable income is all income of the individuals counted in the family size. Please attach the supporting documentation for the following which is checked.

✓	Amount	
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Wages, Salary, Commission, Overtime, Tips, Bonuses, Gambling or Lottery Winnings
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Cash Aid (CalWORKs or TANF)
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Alimony or Child Support
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Disability or Unemployment Compensation
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Survivor and Retirement Benefits
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Worker's Compensation
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Adjusted Gross Net Income from Self-Employment
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Dividends, Interest on Savings or Bonds, Income from Estate or Trusts, Net Rental Income or Royalties
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Inheritance
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Veteran's Pension
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Pension or Annuities
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Migrant, Agricultural or Seasonal Employment
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Adoption Subsidies
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Student Financial Aid Specifically Designated for Living Costs
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Foster Grants for Children Receiving Foster Care Services or in other Out-of-Home Custodial Placement for which Income and Family Size is Computed on the Basis of "Family of One" in Determining Eligibility
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Other Enterprise Gain
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Financial Assistance from a Friend or Relative – Parent Must Fill Out a Declaration of Income Form
_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	Migrant, Agricultural or Seasonal Employment

I declare under penalty of perjury that the above income source & the income calculation are true and correct. I understand that if the above information changes, I must report it to 4C's of Alameda County immediately. I also understand that providing 4C's with false or misleading information could lead to termination of my child care services and possible referral to the District Attorney's office.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_