

Alameda County Pilot Program Self-Employment Documentation (REV. APR 2022)



Print Name of Parent/Caretaker _____
 Legal Name of Business _____
 Address _____ City/State/Zip _____
 Start Date of Work _____
 Pay Rate _____ per HOUR DAY WEEK MONTH
 Frequency of Pay WEEKLY EVERY TWO-WEEKS TWICE MONTHLY MONTHLY
 Brief description of type of work _____

If **SET** schedule, please provide start & end time per day. (example: 8am-5pm)

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

If schedule is **VARIABLE** or **ON-CALL**, please mark all possible days of work

SUN MON TUES WED THUR FRI SAT Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Please provide as many of the documents listed below as applicable.

<p>Documentation to support the days & hours worked: (check what is applicable)</p> <p><input type="checkbox"/> Appointment logs, job logs, or mileage logs</p> <p><input type="checkbox"/> Client receipts</p> <p><input type="checkbox"/> A list of client names and contact information</p> <p><input type="checkbox"/> Other _____</p>	<p>Documentation to determine income: (check what is applicable)</p> <p><input type="checkbox"/> A letter from the source of income.</p> <p><input type="checkbox"/> A copy of my most recently signed and completed tax return & an estimate of current income</p> <p><input type="checkbox"/> Other business records such as ledgers, receipts, or business logs.</p> <p><input type="checkbox"/> Other _____</p>	<p>Documentation to verify business exists: (check what is applicable)</p> <p><input type="checkbox"/> Workspace Lease/Rental Agreement</p> <p><input type="checkbox"/> Bank Statement</p> <p><input checked="" type="checkbox"/> Website / Advertisements</p> <p><input type="checkbox"/> Other _____</p>
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I am unable to obtain and provide other means of income documentation, therefore I am self-certifying income

Total amount of Income received for the preceding month(s):

- If income is **consistent**, please provide your adjusted gross income from either month of the two-month window immediately preceding date on this form.
- If income is **inconsistent and/or unstable**, please provide your adjusted gross income from the preceding 12 months.

Month:				
Income:				
Month:				
Income:				
Month:				
Income:				

I attest and declare under penalty of perjury and the laws of California that the information provided is true and correct.

Signature of Parent/Caretaker _____ Date _____

Child(ren) Name(s) _____

FOR 4Cs STAFF USE ONLY (see Title 5, §18078, 18084, 18086)

If applicable staff will include a brief statement attesting to the reasonableness and/or consistency with community practice of the claims above.

Staff name: _____ Staff signature: _____ Date: _____