

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
HOUSEHOLD INCOME STATEMENT**

Please read carefully and mark "X" to all that apply. You may be asked to provide documentation of income.

I certify under penalty of perjury that the information below is correct and complete to the best of my knowledge. Providing inaccurate details about my household income will lead to the conclusion that I provided false or misleading information. I understand that providing false or misleading information to my child care Subsidy Administrator and the Massachusetts Department of Early Education and Care (EEC) may result in the immediate termination of my child care subsidy. I also understand that EEC may require that I repay any improper payments for child care financial assistance that I received after I provided false or misleading information.

I AM CURRENTLY RECEIVING (COMPLETE ALL THAT APPLY - DO NOT LEAVE LINES BLANK, PUT A ZERO IN IF IT DOES NOT APPLY):

| Type of Income | Parent #1 Amount | Parent #1 Frequency (Monthly, Weekly, etc) | Parent #2 Amount | Parent #2 Frequency (Monthly, Weekly, etc) |
|--|---------------------|---|---------------------|---|
| Earnings from Employment | \$ _____ | _____ | \$ _____ | _____ |
| Tips Earned | \$ _____ | _____ | \$ _____ | _____ |
| Business Income | \$ _____ | _____ | \$ _____ | _____ |
| Commission | \$ _____ | _____ | \$ _____ | _____ |
| Child Support | \$ _____ | _____ | \$ _____ | _____ |
| Alimony | \$ _____ | _____ | \$ _____ | _____ |
| TAFDC (NOT SNAP Benefits) | \$ _____ | _____ | \$ _____ | _____ |
| DTA Transitional Stipends | \$ _____ | _____ | \$ _____ | _____ |
| Rental Income | \$ _____ | _____ | \$ _____ | _____ |
| SSI / SSDI | \$ _____ | _____ | \$ _____ | _____ |
| Unemployment Compensation | \$ _____ | _____ | \$ _____ | _____ |
| Workers' Compensation | \$ _____ | _____ | \$ _____ | _____ |
| Veteran's Benefits (i.e. retirement, disability, etc.) | \$ _____ | _____ | \$ _____ | _____ |
| Dividends or Income from Trusts/Estates | \$ _____ | _____ | \$ _____ | _____ |
| Other _____ | \$ _____ | _____ | \$ _____ | _____ |

I RECEIVE IN-KIND SUPPORT. In-kind support can include receiving money from the non-custodial parent for things like: diapers, food, gas, payment of a bill or mortgage, informal alimony, or other forms of support. In-Kind support **does not** include payments made through DOR or the Courts.

The estimated value of this support is: \$ _____
I receive this support (circle one): *Annually Monthly Weekly Irregularly*

If You are NOT Receiving ANY Support:

- I have a court order for child support, however, I am not receiving support at this time.
- I have a court order for alimony, however, I am not receiving support at this time.
- I am NOT receiving any alimony, spousal, child support or other compensation FROM ANY COURT ORDER OR OTHER AGREEMENT. I do not receive support from any source at this time, including in-kind support.

_____ (Initial) I certify that my household does not have assets with a combined value of more than \$1 million. Assets are valuables including, but not limited to, all houses or other buildings, real property, vehicles, cash, bank accounts, cash value of life insurance policies, trusts, stocks, bonds, and overall business value, including equipment, jewelry, livestock, or other goods.

| | |
|-------------------|------------------------|
| _____ | _____ |
| Print Parent Name | Social Security Number |
| _____ | _____ |
| Signature | Date |