

Socioeconomic Information Form

Confidential

1. Child's Name: _____ Birth date _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

2. HOUSEHOLD MEMBERS: **List ALL household members**, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. **Attach another sheet of paper if needed.** List the types of income your household received and how often. *Employment Income*: list the **GROSS INCOME** (before taxes and deductions). *Other Income*: list the total amount each person received last month from all other sources (welfare, child support, alimony, pensions, retirement, Social Security, Worker's Comp, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA), disability benefits, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. If no income, check the box.

Names: (List everyone in household) <i>Example: John Smith</i>	Last month's income and how often it was received: <i>Example: \$200/weekly (W) or \$150/monthly (M) or \$100/every other week (2W) or \$200/twice per month (2M)</i>				Check box if no income
	Earnings from work before deductions:	Welfare, child support, alimony:	Pensions, retirement, Social Security:	All Other income:	<input type="checkbox"/>
1.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
9.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
10.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

3. Only the parent or guardian can sign this form

I certify that all information on this application is true and correct, and that all the family income is reported. I will supply the Childcare Coordinator with 2 months of paystubs to verify income.

Your name:

Date:

Signature: _____