

Employment Information- Job #1- **Include work for cash (babysitting, cleaning, yard work, etc)**

CHECK IF APPLICABLE

UNEMPLOYED

SELF-EMPLOYED

EMPLOYED

EMPLOYER:

OCCUPATION:

JOB TITLE:

HOURLY WAGE:

HOURS PER WEEK:

TIPS (weekly average)

OR ANNUAL SALARY:

Employment Information- Job #2- **Include work for cash (babysitting, cleaning, yard work, etc)**

CHECK IF APPLICABLE

NO SECOND JOB

SELF-EMPLOYED

EMPLOYER:

OCCUPATION:

JOB TITLE:

HOURLY WAGE:

HOURS PER WEEK:

TIPS (weekly average)

OR ANNUAL SALARY:

No Income- Fill out this section only if you are reporting that you have no sources of income

DATE OF LAST EMPLOYMENT:

LAST ANNUAL SALARY/
WAGE/HOURS

Do you have a job?

Yes

No

Are you looking for a job?

Yes

No

PLEASE DESCRIBE YOUR FINANCIAL SITUATION:

Spouse/Partner- **Skip this section if you are not currently living with your spouse or partner**

**CHECK IF
APPLICABLE**

**SPOUSE UNEMPLOYED
SPOUSE EMPLOYED**

SPOUSE SELF-EMPLOYED

SPOUSE/
PARTNER'S
EMPLOYER:

SPOUSE/
PARTNER'S
OCCUPATION:

JOB TITLE:

HOURLY WAGE:

HOURS PER WEEK:

TIPS (weekly
average)

OR ANNUAL SALARY:

Current Household Income Sources- list the total amount of money received each month (before taxes) by everyone in your household from all of the following sources

INCOME SOURCE/AMOUNT PER MONTH

INCOME SOURCE/AMOUNT PER MONTH

Social Security
Income (SSI):

Social Security
Disability (SSDI):

Social Security
Retirement (SSA):

SNAP/Food Stamps:

Rent Subsidy:

TANF/Work First:

Child Support
Received:

Unemployment:

Gifts/Payments
from Family:

Bonuses:

Investment Income:

Other:

Please only use the space below to list additional information that would not fit in the spaces provided above

Additional Employment Information- Job #3- Include work for cash (babysitting, cleaning, yard work, etc)

EMPLOYER:

OCCUPATION:

JOB TITLE:

HOURLY WAGE:

HOURS PER WEEK:

TIPS (weekly average)

OR ANNUAL SALARY:

Additional People in the Home:

Name:

DOB:

Relationship:

Name:

DOB:

Relationship:

Name:

DOB:

Relationship:

Name:

DOB:

Relationship:

Name:

DOB:

Relationship:

FOR STAFF USE ONLY:

**TOTAL
HOUSEHOLD
INCOME =**

**TOTAL
HOUSEHOLD
SIZE =**

**Qualifies for Fee
Reduction?**

**Yes
No**

FEE PER SESSION =

**Program Director
Signature:**

Date: