

INCOME VERIFICATION FORM
Department of Early Childhood
Lincoln Public Schools

Applicant Child's Name: _____ Parent Name: _____

This form is completed when:

- Parent/Guardian provides less than 12 months of pay stubs. Attached are _____ months of paystubs.
- Parent/Guardians self-employed.
- Parent/Guardian is unable to provide documentation because:

Please complete the table below.

The following represents the income my family received during the past 12 months:

Name of Family Member	Gross monthly income (times 12)	Gross biweekly income (times 26)	Gross weekly income (times 52)	Gross total income	Source of income
Total income					

I do not have any income that is not included in the verification document(s) I have provided to the Lincoln Public Schools Department of Early Childhood Education.

Signature of Parent/Guardian: _____ Date: _____