

Choices for Children



Child Development Incorporated

Self-Employment Documentation

Parent/Guardian Name: _____

Legal Name of Business: _____

Address: _____ City/State/Zip: _____

Start Date: _____

Pay Rate: _____ ☐ Hour ☐ Day ☐ Week ☐ Month

Frequency of Pay: _____ ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

Brief description of type of work: _____

If SET schedule:

	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							

If VARIABLE or ON-CALL schedule:

Maximum hours per week: _____

☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT

Earliest start time: _____ And Latest work time: _____

Minimum hours a day: _____ And Maximum hours a day: _____

Minimum days a week: _____ And Maximum days a 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 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: _____ Date: _____

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: _____