

**Coordinated Child Care of Pinellas, Inc.
Child Care Scholarship
INCOME WORKSHEET**

Please list below information on all household members who are employed: (Verification Required)

Name of Employee	Name of Company/Employer	Company/Employer Address	Employer Phone	Frequency of Pay (Mark One)
				Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other: _____
				Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other: _____
				Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other: _____

Please list below information on all ADULT household members who are attending any education or training programs: (Verification Required)

Name of Student	Name of School or Program	Address of School or Program	Hours Per Week:

If anyone living in the household receives income from any of the following sources; please mark [X] the box(es) and answer questions:

Type of Unearned Income Received	Name of Person(s) Who Receives Income	Amount Received (Verification Required)	Frequency Received (Mark One)		
<input checked="" type="checkbox"/> TANF (Cash Assistance)			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____
Child Support			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____
Social Security/SSI Income			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____
Alimony			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____
Unemployment/Workers Comp			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____
Retirement/Veteran's Benefits			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____
Other: _____			Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other: _____

Food Stamps Received: Yes: No: Amount Received: _____ (Not Included in Family Income)

The Section Below is For CCC Office Use Only - Applicant, Please Do Not Write in This Space

Funding Group #1: _____ Number of Members: _____ Earned Income #1-Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Earned Income #2-Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Unearned Income Type: _____ Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Unearned Income Type: _____ Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Unearned Income Type: _____ Average: _____ Frequency: _____ Annual: _____ \$0.00 =

Total Funding Group #1 Annual Income: \$0.00

Funding Group #2: _____ Number of Members: _____ Earned Income #1-Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Earned Income #2-Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Unearned Income Type: _____ Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Unearned Income Type: _____ Average: _____ Frequency: _____ Annual: _____ \$0.00 +
 Unearned Income Type: _____ Average: _____ Frequency: _____ Annual: _____ \$0.00 =

Total Funding Group #2 Annual Income: \$0.00

Youngest Child: FT: _____ PT: _____ Other Child(ren) : FT: _____ PT: _____ Fees Effective: _____
 (List Daily Fees Only) (List Daily Fees Only)

Explain Fluctuating/Excluded Income: _____

Verified by Phone Call to: _____ @ _____ Date: _____

Signature Family Services Staff: _____ Date: _____