

INCOME RESOURCES

Report total **GROSS** monthly income for each item listed below. **For seasonal workers and self-employed persons only, gross monthly income is computed by averaging total **GROSS** income received during the previous year. In all cases, attach documentation ie. checkstubs, financial aid letter, as described in the instructions (income tax forms are acceptable for self employed persons only). *Indicate amounts pertaining to the period for which you are applying.*

SOURCES OF INCOME	PARENT #1	PARENT #2:
Money, wages or salary	_____/mo.	_____/mo.
Net income from self-employment	_____/mo.	_____/mo.
Social Security	_____/mo.	_____/mo.
Dividends, interest income	_____/mo.	_____/mo.
Public Assistance/TANF	_____/mo.	_____/mo.
Pension and annuities	_____/mo.	_____/mo.
Unemployment/disability insurance	_____/mo.	_____/mo.
Worker's Compensation insurance	_____/mo.	_____/mo.
Alimony	_____/mo.	_____/mo.
Child Support	_____/mo.	_____/mo.
Veteran's pensions	_____/mo.	_____/mo.
GSI/GSR income	_____/mo.	_____/mo.
Fellowship/Scholarship Awards	_____/mo.	_____/mo.

OFFICE USE ONLY: TOTAL MONTHLY INCOME \$ _____
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Daily Fee \$ _____/day half time	\$ _____/day full time
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Academic Financial Assistance (FINANCIAL AID)

** For all academic assistance, divide total award by 10 for monthly amounts.

Grants/Loans	_____/mo.	_____/mo.
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OTHER INCOME

Withdrawn savings	_____/mo.	_____/mo.
Private loans (include family support)	_____/mo.	_____/mo.

I have read the instructions for completing this form and, to the best of my knowledge, have answered the questions truthfully with regard to income and student status. I understand that I must provide adequate verification to support any of the claims made on this application. I also understand that it is my responsibility to notify the Orfalea Family Children's Center of any changes in the above information.

Signature of Parent/Guardian

Date