



SCOTT COUNTY FAMILY Y INCOME ATTESTMENT

FTID#:	Child(ren) Name:	IBP %:	Director Review
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PLEASE PRINT:

Child(ren) Name: _____

I, _____, affirm that my annual taxable **household** income for the last 12 months
 (Parent/Guardian Full LEGAL Name)

was \$ _____. (Household income is the income of all individuals living at the same address.)

There are _____ persons living in my **household**.

Adult 1	Adult 2	Adult 3	Adult 4	
Each Adult in <u>Household</u> Must Present One of the Following:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1040 Federal Tax Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-filing Letter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statement of Wages & Earnings (W2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNAP (food stamps) Benefit Card or Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Tax Form 1040
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of Energy Assistance (LIHEAP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicaid Card or Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawk-I Card or Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefit Verification Letter or Annual Statement of Benefits from Social Security Administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability Benefits Verification Letter or Annual Statement of Benefits from Social Security Administration

By signing below, I attest that the information provided above is true and accurate. I understand that falsifying information in this statement may lead to the suspension of my membership, program, child care and camp privileges and may make me ineligible for income based pricing.

Parent/Guardian Signature	Date

(Note: Effective January 1, 2017, program income based pricing will be limited to 50% of program fee. Income based pricing is not available for all programs.)