

MIGRANT PROGRAM INCOME WORKSHEET AND VERIFICATION

Service Options: ☐ Center-Based ☐ FCCH ☐ PW

Family _____ Location _____

Information from this form will be used to answer all questions related to family income. **Family is eligible for the program if more than 50% of their earned income is from agricultural work.**

		Father	Mother	Other Members	Total
Earned	Income Tax Form 1040	Ag.			
		Non-Ag.			
	W-2 Form	Ag.			
		Non-Ag.			
	Payroll Summary	Ag.			
		Non-Ag.			
	Employer Verification	Ag.			
		Non-Ag.			
Pay Stubs/Pay Envelopes	Ag.				
	Non-Ag.				
Other Earned (specify):	Ag.				
	Non-Ag.				
Unearned	Other Unearned (specify):				
	TANF/SSI				
	Social Security				
	Unemployment Compensation				
Total Income	Unearned				
	Earned				
	Ag.				
	Non-Ag.				
Total Annual Income					

1. The total family annual income is \$ _____ (Compare to Program Income Eligibility Guidelines)

2. The total family earned income is \$ _____ Indicate Program: [] MHS [] SHS [] MEHS [] SEHS

3. The total family income earned from agricultural employment is \$ _____

4. Percent of total earned income from agricultural employment (line 3 ÷ line 2) = _____ %

5. The above income covers the period from: _____ 20____ to _____ 20____
Month Year Month Year

6. Family size: _____

7. Family members: _____

Comments: _____

I certify that I have examined the above income documentation.

Staff Signature _____

Date _____

I declare under penalty of perjury and the laws of the State of California that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature _____

Date _____