

CASH VERIFICATION FORM

Date _____

Record # _____

Parent/Caretaker's Name _____

Your application/redetermination for Subsidized Child Care Services has been received. We need additional information to verify your earned income. You indicated that your employer pays you in **CASH / PERSONAL CHECK**, please complete this form and return it to us by: _____.

I authorize the release of this information and give permission to the Early Learning Resource Center to verify all information contained in this form.

X _____
Parent/Caretaker's Signature **Date**

Employer/Company Name _____ Phone # _____

Address of Employer _____

Payment is issued: Weekly Bi-Weekly Twice a Month Monthly

List pay dates and gross amount of four (4) weeks within the most recent six (6) week period:

- | | | | | | | | |
|-------------|-------------|-----------|-------|------|-------|--------------|-------|
| 1. Pay Date | ___/___/___ | Gross Pay | _____ | Tips | _____ | Hours Worked | _____ |
| 2. Pay Date | ___/___/___ | Gross Pay | _____ | Tips | _____ | Hours Worked | _____ |
| 3. Pay Date | ___/___/___ | Gross Pay | _____ | Tips | _____ | Hours Worked | _____ |
| 4. Pay Date | ___/___/___ | Gross Pay | _____ | Tips | _____ | Hours Worked | _____ |

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X _____ X _____
Parent/Caretaker's Signature **Date**