

Monthly Statement of Income and Expenses

Part I Instructions: You **MUST check one** of the following two boxes.

- My signature certifies that this statement accurately reflects my actual circumstances. Income and expenses listed are supported by receipts and/or other appropriate documentation.
- My signature certifies that this is an **estimate** of my income and expenses to be used for a temporary eligibility determination. After 45 days, I will submit a statement based on actual income and expenses, as supported by receipts and/or other appropriate documentation that I will retain on file.

Part II The income and expenses reported below are for: Month of _____/_____/_____

Part III

A. INCOME: attach receipts/pay stubs/documentation for all income

Parent fees \$ _____

CACFP reimbursement _____

Other (describe) _____

Spouse's income (if applicable) _____

GROSS INCOME \$ _____

B. EXPENSES: attach receipts/documentation for all expenses

Food _____

Nonfood meal supplies _____

Nonfood child care supplies _____

Other (describe – **not allowable unless specifically described with attached documentation**)

TOTAL EXPENSES \$ _____

C. NET INCOME (Gross Income minus Total Expenses) \$ _____

D. TOTAL NUMBER OF HOUSEHOLD MEMBERS _____

Part IV Instructions: You **MUST sign and date** this statement.

Licensed provider's signature: _____ Date signed: ____/____/____

Sponsor's signature: _____ Date signed: ____/____/____

TIER ELIGIBILITY: Tier I (Income Eligible) or Tier II