

FAMILY INCOME

★ If "0" income is reported, please contact Wake County Smart Start for further income verification

Name of Parent/Guardian #1:

Employment Status (Mark all that apply): *Average hours worked per week: _____

Employed Attending Job Training Seeking Employment
 Not Employed Attending High School Attending Secondary Education
 Other: _____

Place of Employment:

*If you work in Education (teacher, administration, transportation) please choose how many months of the year you receive employment income:
 10 months 11 months 12 months

Income **BEFORE** Taxes: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Alimony: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Child Support: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Worker's Comp/Disability: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Unemployment: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

SS/SSI/Work First/TANF: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Name of Parent/Guardian #2:

Employment Status (Mark all that apply): *Average hours worked per week: _____

Employed Attending Job Training Seeking Employment
 Not Employed Attending High School Attending Secondary Education
 Other: _____

Place of Employment:

*If you work in Education (teacher, administration, transportation) please choose how many months of the year you receive employment income:
 10 months 11 months 12 months

Income **BEFORE** Taxes: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Alimony: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Child Support: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Worker's Comp/Disability: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

Unemployment: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly

SS/SSI/Work First/TANF: \$ _____ **This amount is**
 Yearly Monthly Twice Monthly Every 2 Weeks Weekly