



INCOME DOCUMENTATION

SOURCE	MONTHLY NET INCOME	DOCUMENTATION	NOTES
Wages			
Wages			
Self-Employment			
Social Security			
Dividends and/or Interest			
Pensions and/or Annuities			
Unemployment Compensation			
Workers' Compensation			
Alimony			
Veterans' Benefits			
AFDC, AABD, OR SSI			
Other (Specify Source)			
TOTAL			
Work Related Expense Allowance			(\$200 primary care giver in household--max.\$400) <i>** Does not apply to self-employed</i>
Net minus Allowance			Eligibility Determination Amount

INCOME ELIGIBILITY DETERMINATION

COMPARISON OF INCOME WITH AGENCY MAXIMUMS

Family Size Monthly Net Income Maximum Monthly Net Income for Size of Family

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****To be eligible, the monthly net income cannot exceed maximum monthly net income for family size.****

ANY FALSE INFORMATION CONSTITUTES FRAUD AND IS SUBJECT TO PENALTY BY LAW.

**Family is receiving or has received child care or other assistance from any other Tribal/DHS Program. Yes ___ No ___
If yes, please explain.

I state that all of the above information is true and correct to the best of my knowledge.

Applicant's Signature
Date
Co-Pay Per Child