



Provider Name _____ Provider Number _____

Sq. Ft of Residency _____ Sq. Ft of Daycare _____

PROVIDER MONTHLY INCOME WORKSHEET

To Determine Income Qualification

Last Month's Gross Household Income:

| | |
|---|-----------|
| Parent Fees For Day Care (provide copy of payment records) | \$ |
| Salary received from Outside Employment (provide copy of last paystub) | \$ |
| Child Support (provide copy of court decree) | \$ |
| Other Household Income (provide copies of last paystubs) | \$ |
| CACFP Reimbursement (last month) | \$ |
| Grand Total of Provider Monthly Household Income: | \$ |

Last Month's Business Expense:

| | |
|--|-----------|
| Day care home food & food-related supplies | \$ |
| Day care business-related expenses: | \$ |
| Advertising | \$ |
| Toys/Books/Art Supplies | \$ |
| Bank/Legal/Accounting/Licensing Fees | \$ |
| Utilities: | \$ |
| Rent/Mortgage payment | \$ |
| Electric/Gas | \$ |
| Water | \$ |
| Trash pick-up | \$ |
| Child care supplies (diapers, soap, paper towels, etc) | \$ |
| Mileage (miles from log X .55 per mile) | \$ |
| Cable/Internet | \$ |
| Other | \$ |
| Grand Total of All Business Expenses: | \$ |

Upon my signature below, I hereby state that the declarations I have filled out above are, to the best of my knowledge and belief, true accurate and complete.

Signature

Date