



Alternate Employment Verification Form

This alternate employment verification form is to be used if the individual has no permanent employer and /or gets paid in cash.

Name: _____

Address: _____

_____ (City) _____ (State) _____ (Zip code)

Home telephone: _____ - _____ - _____ cell/work: _____

Do you work 52 weeks a year? yes no

If no, how many weeks you work? _____.

How often are you paid? weekly biweekly monthly

How are you paid? check cash how much are you paid? _____

Type of work: _____

Statement of Certification

I understand that as an applicant for this program, I must provide information on my income. I understand that the program staff reserves the right to review this information and to make eligibility determinations for this program. I certify that the information provided is true and accurate to the best of my knowledge. I understand that if I knowingly provide false information, my child may be found ineligible for the FECEP/Head Start program.

Parent/Guardian Signature

Print Name

Date