

Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

SELF-CERTIFICATION OF INCOME

Parent's Name (Printed) _____ (One form per parent)

- Self-Certification of **Self-Employment** (CSPP part day – use only if no other documentation is available. CCTR and CSPP full day - Self-certification *and* supporting documentation required to determine need)

Type of work	
Amount of earnings	
How often	
Days worked	
Work hours	
Other description of work and income for the past month	

- Self –Certification of **Other Income** (when no other documentation is possible)

Type of Income	
Amount of earnings	
How often	

- Self –Certification of **Zero Income**

If your income is \$0, please explain how you are living, (i.e. who pays the bills, how do you get food, necessities, etc.

I, _____ swear under penalty of perjury, to the best of
Parent Signature
my knowledge, that the above information is true and complete. Date: _____

STAFF USE ONLY (see Title 5, 18086 (b(2(F))) & (b(3))		
If applicable staff will include a brief statement attesting to the reasonableness and/or consistency with community practice of the claims above.		

Staff name: _____	Staff signature: _____	Date: _____