

Family Child Care Household Income Eligibility Worksheet

A. Form 1040 Income: Add the following lines from IRS Form 1040.

| | Child Care Provider and Spouse* | Other Household Member |
|---|------------------------------------|---------------------------|
| Line 7 Wages, Salaries, Tips, etc. (This includes the gross income of a spouse) | _____ | _____ |
| Line 8a Taxable Interest | _____ | _____ |
| Line 8b Tax-Exempt Interest (Note that this amount is not subject to income tax but must be included to determine Tier I eligibility) | _____ | _____ |
| Line 9a Ordinary Dividends | _____ | _____ |
| Line 11 Alimony Received | _____ | _____ |
| Line 12 Business Income or (loss) (This is the net income from the provider's business. If this number is less than zero, enter zero) | _____ | _____ |
| Line 13 Capital Gain or (loss) (If this number is less than zero, enter zero) | _____ | _____ |
| Line 14 Other Gains or (loss) (If this number is less than zero, enter zero) | _____ | _____ |
| Line 15a IRA Distributions (Note: Do not use line 15b. Do not count IRA rollovers into another IRA account) | _____ | _____ |
| Line 16a Pensions & Annuities (Note: Do not use line 16b. Do not count any rollover funds) | _____ | _____ |
| Line 17 Rental Real Estate, Royalties, etc. | _____ | _____ |
| Line 18 Farm Income or (loss) (If this number is less than zero, enter zero) | _____ | _____ |
| Line 19 Unemployment Compensation | _____ | _____ |
| Line 20a Social Security Benefits (Note: do not use line 20b) | _____ | _____ |
| Line 21 Other Income (See Form 1040 Instructions for details) | _____ | _____ |
| Subtotal Form 1040 income: | _____ | _____ |

B. Additional Income

| | | |
|--|-------|-------|
| Pre-tax employee contributions to retirement, health or dependent care plans (Do not include amounts paid by the employer) | _____ | _____ |
| Disability Benefits | _____ | _____ |
| Workers Compensation Benefits | _____ | _____ |
| Strike Benefits | _____ | _____ |

| | | |
|---|-------|-------|
| Public Assistance payments (not including food stamps) | _____ | _____ |
| Child Support | _____ | _____ |
| Living expenses withdrawn from savings | _____ | _____ |
| (Note: cash left in a savings account is not counted as income. Money deposited into savings that has already been counted as income will not be counted as income when withdrawn.) | | |
| Regular contributions from persons not living in the household | _____ | _____ |
| (This may include regular gifts from relatives) | | |
| Military cash allowances for off-base housing, or food and clothing allowances | _____ | _____ |
| (Note: Do not count in-kind value of on-base housing) | | |
| Subtotal Additional Income: | _____ | _____ |

Total Form 1040 Income and Additional Income _____

Divide above total by 12. _____
 (This represents current monthly household income.)

* If provider is married and filing separately, the spouse should enter his/her income on a separate column.

Note: Amounts that are not included as income for purposes of eligibility for Tier I rates include: student financial assistance, food stamps, loans, one-time lump sum payments, foster care payments, the value of in-kind on-base military housing, and all CACFP reimbursements for a provider’s own children.

For purposes of eligibility for the Tier I rates, a provider must include as income the same information from all related or unrelated individuals who are living together as one economic unit. An economic unit includes those people who share housing and/or all significant income and expenses. This includes a provider’s own children, live-in boyfriends or girlfriends, or other relatives. If a provider is living with other individuals whose income is not already reported as part of the provider’s income, the provider should list the income from these individuals in the column labeled “Other Household Member.” List the income from each additional household member separately. Providers who operate as a partnership must have each partner qualify separately to be eligible for Tier I.

This form should only be used to determine household income eligibility. It should not be used by the sponsor to verify this eligibility.