



Dear Parents/Guardians,

The state of Iowa is tracking all children who are enrolled in State-Wide Voluntary Preschool Program (SWVPP) classrooms. The state tracks such things as progress on development and learning in the content areas and attendance in preschool. Children are entered into a state data-base that provides information on their gender, ethnicity, and the income status of the family. Please fill out this "income verification" for your family, Sections 1, 2, and 3. Only do section 4 if you are self-employed. All information will be entered for the state under an identification number, not a family name. You will not be contacted in any way about this form. Thank you so much for your cooperation with this new requirement for preschool.

Nancy Murphy, Early Childhood Coordinator
Director of the State-Wide Voluntary Preschool Program

Dubuque Community Preschool Income Verification

School Year 2017-2018

Part 1. Children enrolled in preschool. REQUIRED OF ALL PARTICIPANTS.

List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code)

Ethnicity: H=Hispanic or Latino
N= Non Hispanic or Latino
Race: A=Asian B=Black or African American I= American Indian or Alaska Native
P=Native Hawaiian or other Pacific Islander W= White

Last Name	First Name	Middle Name or initial	Check box for FOSTER child	Date of Birth	OPTIONAL		Name of School/Child Care Center
					Ethnicity	Race	
1.			<input type="checkbox"/>				
2.			<input type="checkbox"/>				
3.			<input type="checkbox"/>				

Part 2: Total Household Gross Income. Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side.

List the names of everyone living in your household, including children listed in Part 1. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.

Gross Income: Report income by how often the household member is paid.

Other Monthly Payments or Income Received.

Last Name	First Name	Age	Check if NO income	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
				Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.			<input type="checkbox"/>							
2.			<input type="checkbox"/>							
3.			<input type="checkbox"/>							
4.			<input type="checkbox"/>							
5.			<input type="checkbox"/>							
6.			<input type="checkbox"/>							

Part 3: Certification and Signature. REQUIRED OF ALL APPLICANTS.

I CERTIFY (PROMISE) THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND THAT ALL INCOME IS REPORTED IF REQUIRED.

Signature of Adult Completing Form

Printed Name of Adult Completing Form

Date Signed

Part 4: Self-Employment. REQUIRED ONLY IF SELF-EMPLOYED

Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self employed or have income from other sources.

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA DOES NOT recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set a negative income. The least self employed income possible to zero (no income). For example, if you operated a business at a net loss but held another job where your received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 2 of the application.

The least income possible is zero (no income).

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return – Form 1040. Use the lines from the 1040 that are identified.

Line 12 – Business income or (loss)	\$ _____
Line 13 – Capital gain or (loss)	\$ _____
Line 14 – Other gains or (losses)	\$ _____
Line 17 – Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
Line 18 – Farm income or (loss)	\$ _____
Total	\$ _____
Total ÷ 12*	\$ _____

*Enter amount in the “All Other Income Last Month” column in Part 3 on the front of the Iowa Eligibility Application. The least income possible is zero (no income).

FOR ADMINISTRATIVE USE ONLY – SCHOOLS: PLEASE FORWARD TO NANCY MURPHY

Income conversion factors for annual income: weekly x 52; two weeks x 26; twice a month x 24; monthly x 12

Household Income: \$ _____ Weekly Every 2 Weeks Twice Monthly Monthly Annually

Household Size: _____