



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