



Alameda County Pilot Program Self-Employment Verification

(09/01/17)

Name of Parent/Guardian: _____

Legal Name of Company (if applicable): _____ Phone: _____

Address: _____ City/State/Zip: _____

Complete ONE of the following:

SET SCHEDULE: Days/Times Sun: _____ to _____ Mon: _____ to _____ Tues: _____ to _____ Wed: _____ to _____ Thurs: _____ to _____ Fri: _____ to _____ Sat: _____ to _____	OR	VARYING SCHEDULE: Hours worked per week: _____ to _____ <div style="text-align: center;">Min Max</div> Hours worked per day: Sun: _____ to _____ Mon: _____ to _____ Tues: _____ to _____ Wed: _____ to _____ Thurs: _____ to _____ Fri: _____ to _____ Sat: _____ to _____
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Write a brief statement describing the nature of your work and hours of need requesting:

Wages \$ _____ per hour / day / week / month (circle one) Pay Type: CHECK or CASH

Adjusted Gross Monthly Income: _____

I will provide/attach documentation to support the hours of need requested: (check what is applicable) <input type="checkbox"/> One month of documentation of appointment logs, job logs, or mileage logs <input type="checkbox"/> One month of client receipts <input type="checkbox"/> A list of client names and contact information <input type="checkbox"/> Other _____	I will provide/attach documentation to support that I receive income: (check what is applicable) <input type="checkbox"/> A letter from my clients verifying that I complete work for them <input type="checkbox"/> A copy of my most recent tax return & an estimate of my current income <input type="checkbox"/> My ledger, receipts, or business log from last month <input type="checkbox"/> Other _____	I will provide/attach documentation to support that my business exists: (check what is applicable) <input type="checkbox"/> Rental Space/Booth Rental Agreement <input type="checkbox"/> Workspace Lease <input type="checkbox"/> Bank Statement <input type="checkbox"/> Business License/Driver's License <input type="checkbox"/> Other _____
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I certify, under the penalty of perjury, that the above information is true and correct.

Parent Signature: _____ Date: _____

STAFF USE ONLY

If applicable (see Title 5, § 18084(3)), staff will include a brief statement attesting to the reasonableness of the claims above.

Staff name: _____ Staff Signature: _____ Date: _____