

Early Learning Campus

Family Income Verification - 2008-09

The Early Learning Campus certifies that this information is confidential and will only be used for Family Scholar House Project requirements and Scholarship Eligibility.

Name(s) of Applicant	Include both names if both applicants are UofL faculty, staff, or students			
Child Name(s)	Please list the names of the children who are applying to the ELC.			
Address				
E-mail Address				
Contact Numbers	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Home</td> <td style="width: 33%; text-align: center;">Work</td> <td style="width: 33%; text-align: center;">Cell</td> </tr> </table>	Home	Work	Cell
Home	Work	Cell		

INCOME INFORMATION

Income is counted for all household members. Include all income anticipated for the next 12 months. Income includes payments from Employers, Veteran's Administration, Unemployment Insurance, Pensions, Settlements (Insurance), Lottery Winnings, Inheritances, Real Estate Income, Child Support, Educational Grants or Scholarships. Other Student Benefits, Regular, Gifts or payments from anyone outside the household, Military Income, and from any other source not listed above. Please specify source below.

HOUSEHOLD MEMBER NAME WHO HAS INCOME:	INCOME SOURCE: EMPLOYMENT, CHILD SUPPORT, SS, SSI, K-TAP, SELF-EMPLOYED, OTHER	NAME, ADDRESS & PHONE NUMBER OF SOURCE:	GROSS AMOUNT EARNED PER MONTH:	HOW LONG EMPLOYED OR RECEIVING PAYMENTS:

ASSET INFORMATION

Include all assets held and the income earned from each asset by ALL household members- including minors. Assets to be reported are: Checking, Savings, C.D.s, Money Market Accounts, Treasury Bills, Stocks, Bonds, Securities, Trust Funds, Pensions, IRAs, Keogh, Other Retirement Accounts, Real Estate, Rental Property, Land Contracts, Contract for Deed, Other Real Estate Holdings, Personal Property held as an Investment, Safe Deposit Box, and any cash on hand over \$500.

HOUSEHOLD MEMBER	TYPE OF ASSET	NAME OF BANK/INSTITUTION	AMOUNT

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER DISPOSED OF OR GIVEN AWAY ANY ASSET(S) FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO YEARS? _____

If yes, please explain

Do you or any other household members expect to have a change in your income within the next 12 months? _____

If yes, please explain

FINANCIAL OBLIGATIONS

List your monthly financial obligations in the space provided, you may estimate your answers.

Monthly Food Costs	\$	Car Insurance	\$	Car Payments	\$
Credit Card Payments	\$	Installment Loan	\$	Resident (Home or Apartment) Payment	\$
Payroll Deductions	\$	Student Loans	\$	Health Insurance	\$
Child Care Expense	\$	Child Support	\$	Medical Bills	\$

SIGNATURE CLAUSE

PLEASE READ CAREFULLY BEFORE SIGNING.

Upon acceptance of application, I understand that the University of Louisville's Early Learning Campus is relying on this information to prove my household's income in participation and partnering with Project Women/Family Scholar House Project. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of necessary information to determine verification if requested. (A list of income verification documentation can be obtained from the ELC Director upon request.) I understand that providing false information or making false statements will be grounds for denial of my application. I also understand that such action may result in criminal penalties.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date