

FAMILY INCOME

If "0" income is reported, please contact Wake County Smart Start for further income verification

Name of Parent or Guardian #1	
Employment Status (Mark all that apply) <input type="checkbox"/> Employed - Average hours worked per week: _____ hours <input type="checkbox"/> Not Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Secondary Education <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Other (Please explain): If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income. <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	
Place of Employment	Work Phone ()
Income before taxes: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Alimony: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Child Support: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Worker's Comp/Disability: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Unemployment: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
SS/SSI/Work First/TANF: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Name of Parent or Guardian #2	
Employment Status (Mark all that apply) <input type="checkbox"/> Employed - Average hours worked per week: _____ hours <input type="checkbox"/> Not Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Secondary Education <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Other (Please explain): <input type="checkbox"/> If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income. <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	
Place of Employment	Work Phone ()
Income before taxes: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
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SS/SSI/Work First/TANF: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
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