Earned Income Calculation Worksheet

Child's Name: _____ Site Name: _____

Weekly Pay (52 Annual Pay Periods)

Record the total weekly pay on each line.
Divide the total by 4 to calculate the average.
Multiple the Weekly Average X 52 weeks.
Divide by the 52 Week Average by 12 to get Gross Monthly Income.

JOB 1	JOB 2	JOB 1	JOB 2
Parent A. $	Parent A. $	Parent B. $	Parent B. $
$	$	$	$
$	$	$	$
$	$	$	$
4 Week Total =	4 Week Total =	4 Week Total =	4 Week Total =
Weekly Average	Weekly Average	Weekly Average	Weekly Average
52 Week Total =	52 Week Total =	52 Week Total =	52 Week Total =
Gross Monthly Income =	**Gross Monthly Income =**	**Gross Monthly Income =**	**Gross Monthly Income =**

Every Two Weeks (26 Annual Pay Periods)

Record the total weekly pay on each line.
Divide the total by 2 to calculate the average.
Multiple the Weekly Average X 26 weeks.
Divide the Weekly Average by 12 to get Gross Monthly Income.

JOB 1	JOB 2	JOB 1	JOB 2
Parent A. $	Parent A. $	Parent B. $	Parent B. $
$	$	$	$
2 Week Total =	2 Week Total =	2 Week Total =	2 Week Total =
Weekly Average	Weekly Average	Weekly Average	Weekly Average
26 Week Total =	26 Week Total =	26 Week Total =	26 Week Total =
Gross Monthly Income =	**Gross Monthly Income =**	**Gross Monthly Income =**	**Gross Monthly Income =**

Semi- Monthly (24 Annual Pay Periods)

Record each pay-check on the line.
Total the two pay-checks to get the Gross Monthly Income.

JOB 1	JOB 2	JOB 1	JOB 2
Parent A. $	Parent A. $	Parent B. $	Parent B. $
$	$	$	$
Gross Monthly Income =	**Gross Monthly Income =**	**Gross Monthly Income =**	**Gross Monthly Income =**

Monthly (12 Annual Pay Periods)

Record the total monthly Pay-check to get the Gross Monthly Income

JOB 1	JOB 2	JOB 1	JOB 2
Parent A. $	Parent A. $	Parent B. $	Parent B. $
Gross Monthly Income =	**Gross Monthly Income =**	**Gross Monthly Income =**	**Gross Monthly Income =**

Parent A - Total Gross Monthly Income _____ **Parent B** - Total Gross Monthly Income _____

Family Size

Number of Adults counted in Family Size _____

Employee Initial & _____

Date _____

Total countable Income	Parent/Guardian A	Parent/Guardian B
Total **Wages** from page 1		
***ADDITIONAL* Wages** (not counted above): Advances, commissions, overtime tips, bonuses, gambling or lottery winnings		
Gross Income from Self-Employment (minus business expenses, except wage draws)		
TANF: Public Cash Assistance		
Foster Care: Child income Only		
SSI/SSP (If payment is received, total income is zero)		
Disability or Unemployment		
Workers Compensation		
Child or Spousal Support (including documented financial assistance for housing, car payments, health insurance ect.)		
Survivor Benefits		
Retirement Benefits		
Dividends, interest on bonds, income from **estates or trust, net rental** income or **royalties, inheritance**		
Rent FROM room within your residence		
Pension or Annuity (including veteran)		
Student Aid identified for living expenses		
Insurance, Court settlements for **lost wages** or **punitive damages**		
Net proceeds from sale of rental property, stocks or inherited property		
Other enterprise for gain		
Financial Assistance received for a child tha is not biologically or adopted by you		
Allowances for housing or cars as part of compensation		
Sub Total: Gross Monthly Earnings	$	$

Gross Monthly Income A + B	$
Less child support (paid out)	$
Gross Monthly Income	$

I affirm that the statements on this form are true and correct. I am aware that I must notify the Child Care Center in writing when any changes occur in my income or eligibility status. This verification will be required each time there is a change.

Parent/Guardian signature: _____ Date:_____

Staff Signature: _____ Date:_____

Staff Title: _____

Assessed Fee:

Part time Fee _____ Full time Fee_____ Weekly Fee _____