



Our Mission is to provide access to quality child care and early education in Sonoma County through advocacy, direct service, and empowerment.

### SELF-EMPLOYMENT DECLARATION

The following information about your employment is required in order to establish eligibility and need for subsidized child care services.

I, \_\_\_\_\_, declare that I am a self-employed \_\_\_\_\_.  
*Parent Name* *Type of Job*

I have been self-employed since \_\_\_\_\_.  
*Start Date of Self-employment*

\_\_\_\_\_  
*Business Name, Address, Phone Number (Please Print)*

*As applicable, a copy of a business license, a workspace lease, or a workspace rental agreement, business cards, EIN #'s, or other documents shall be submitted in order to verify self-employment.\**

- Does this work preclude your ability to care for your children while you are working?  No  Yes
- Are you working from your home?  No  Yes (if yes, complete Documentation of Employment in the Home form)
- The days and hours my business operates are as follows:

**Please specify days and times of employment (Example: Monday 8:30am – 5:30pm.)**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

*To demonstrate the days and hours worked, a copy of one or more of the following documents must be submitted: appointment logs, client receipts, job logs, mileage logs, a list of clients with contact information, or similar records.\**

- Employment Description: \_\_\_\_\_
- How income is collected: \_\_\_\_\_
- I declare under penalty of perjury that my average gross monthly earnings are \$ \_\_\_\_\_.\*

*Independent verification must be made by a 4Cs representative regarding the cost for services provided by the parent that may be obtained by contacting clients, reviewing bank statements, or confirming the information in the parent's advertisements or website. If the income cannot be independently verified, 4Cs shall assess whether the reported income is reasonable or consistent with the community practice for this employment.\**

***I declare under penalty of perjury that the information provided is accurate to the best of my knowledge. I understand that I must attach documentation of income and any other supporting documentation. I authorize the release of information to 4Cs in order to verify days and hours worked.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* =Denotes supporting documentation must be attached.**

