# Monthly Income Log

In order to verify need for child care services, please record hours of work and income.

**Month**: _____

| Date | Hours Worked | Amount Earned | Method of Pay<br>*If paid with check include copy |
|---|---|---|---|
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |
| | _____am/pm **to** _____am/pm | | ☐ Cash<br>☐ Check |

I, _____ declare under penalty of perjury that the information provided in this form is true and correct to the best of my knowledge.

_____ _____

Signature Date

_____

Print name