Reset Form

Case name:	Case number:	Date:

Family Household Income Statement

The Ohio Department of Job & Family Services requires verification of a source of income for families seeking Child Care.

Section A. – To be completed by Applicant

If you (or a member of your family/household) receive any income or benefits, write the amount received per month and the name of the family/household member who receives it. If you do not receive a listed benefit or income, place a zero (0) in the space provided.

Source of Income	Monthly Amount	Who Receives it?
Earned Income		
Cash Assistance		
Food Assistance		
Child Support		
Social Security or SSI		
Unemployment		
Other Income (specify)		

Expense Type	Amount charged per month	Date of last payment	Where did the money come from to make the last payment listed?
Housing			
Utilities (gas/electric, water)			
Food			
Transportation			
Child Support			
Other Expenses (specify)			

Section B. – To be completed by Applicant

The name, address, and phone number of the person **GIVING** my household financial help is:

Name: _____

Address: _____ Phone: _____

Release of Information: *My signature below means that I give the person indicated permission to furnish all information about me that is requested on this form. I understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Family Services permission to contact this person to obtain or clarify any information contained on this form.*

Applicant Signature:	Phone:	Date:

Section C. – To be completed and signed by the person providing the financial help

Bill Payment:

I pay/have paid bills directly to the company for the person listed above. The bills I pay/have paid are:

☐ Rent ☐ Utilities/Phone ☑ Other (specify): _____

☐ Mortgage

_____

I will continue to make these direct payments. ☐ Yes; ☑ No – If no, last date paid: _____

Money Given:

☐ I give/have given money to the person listed above. Amount: $_____ (average amount per month)

I will continue to give this to the person named above. ☐ Yes; ☐ No – If no, last date paid: _____

Printed Name:	Signature:	Phone:	Date: