



**Alameda County Pilot Program  
Self-Employment Verification** (09/01/17)

Name of Parent/Guardian: \_\_\_\_\_

Legal Name of Company (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Complete ONE of the following:**

<p><b>SET SCHEDULE: Days/Times</b></p> <p>Sun: _____ to _____</p> <p>Mon: _____ to _____</p> <p>Tues: _____ to _____</p> <p>Wed: _____ to _____</p> <p>Thur: _____ to _____</p> <p>Fri: _____ to _____</p> <p>Sat: _____ to _____</p>	<b>OR</b>	<p><b>VARYING SCHEDULE:</b></p> <p>Hours worked per week: _____ to _____</p> <p style="text-align: center;">Min                      Max</p> <p>Hours worked per day:</p> <p>Sun: _____ to _____</p> <p>Mon: _____ to _____</p> <p>Tues: _____ to _____</p> <p>Wed: _____ to _____</p> <p>Thur: _____ to _____</p> <p>Fri: _____ to _____</p> <p>Sat: _____ to _____</p>
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**Write a brief statement describing the nature of your work and hours of need requesting:**

**Wages** \$ \_\_\_\_\_ per hour / day / week / month (circle one)      **Pay Type:** CHECK or CASH

**Adjusted Gross Monthly Income:** \_\_\_\_\_

<p>I will provide/attach documentation to support the <b>hours of need requested:</b> (check what is applicable)</p> <p>_____ One month of documentation of appointment logs, job logs, or mileage logs</p> <p>_____ One month of client receipts</p> <p>_____ A list of client names and contact information</p> <p>_____ Other _____</p>	<p>I will provide/attach documentation to support that <b>I receive income:</b> (check what is applicable)</p> <p>_____ A letter from my clients verifying that I complete work for them</p> <p>_____ A copy of my most recent tax return &amp; an estimate of my current income</p> <p>_____ My ledger, receipts, or business log from last month</p> <p>_____ Other _____</p>	<p>I will provide/attach documentation to support that <b>my business exists:</b> (check what is applicable)</p> <p>_____ Rental Space/Booth Rental Agreement</p> <p>_____ Workspace Lease</p> <p>_____ Bank Statement</p> <p>_____ Business License/Driver's License</p> <p>_____ Other _____</p>
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I certify, under the penalty of perjury, that the above information is true and correct.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

**If applicable (see Title 5, §18084(3)),** staff will include a brief statement attesting to the reasonableness of the claims above.

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Staff name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_