



Statement of Day Care Home Business Income and Expenses

Part I. Instructions: You MUST check one of the following two choices:

_____ My signature certifies that this statement accurately reflects my actual circumstances. Receipts and / or other appropriate documentation that I retain on file support income and expenses listed.

_____ My signature certifies that this is an estimate of my income and expenses to be used for a temporary eligibility determination. After 45 days, I will submit a statement based on actual income and expenses, as supported by receipts and / or appropriate documentation that I will retain on file.

Part II. Instructions: You MUST check one of the following two choices:

The income and expenses reported below are for _____ Month of _____
 _____ Prior Year

Part III. (A.) Income

Parent fees \$ _____
 CACFP reimbursement \$ _____
 Other (describe) \$ _____
 Gross Day Care Income \$ _____

(B.) Expenses

Food	\$ _____	Advertising	_____
Car Expenses (.37 per mi)	_____	Liability insurance	_____
Business Interest	_____	Legal fees	_____
Home office supplies	_____	Bank service charges	_____
Laundry & Cleaning	_____	Supplies	_____
Telephone services (answering machine)	_____	Gifts (children & parent)	_____
Toys & Games	_____	Repairs/ Maintenance	_____
Rent/ Mortgage x % of home used	_____	Utilities x % of home used	_____
License	_____	Fees	_____
Other expenses (Must List)	_____	Wages (DHS)	_____
	_____		_____
	_____		_____

Total Day Care Expenses _____

(C.) **Net Day Care Income**
(Gross income minus total expenses)

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds: that Children First officials may verify this information and that deliberate misrepresentations may subject me to prosecution under applicable State and Federal criminal statutes.

Signature _____

Date _____