

BUILD, LEARN, GROW INCOME VERIFICATION

APPLICANT/CO-APPLICANT: _____

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

W2 EMPLOYMENT WAGES

NOTE: If pay stubs sufficiently provide evidence of time period and pay rate, this form is not required. This form can still be used as a guide for calculating gross monthly income.

PAY STUB DATE	FREQUENCY	GROSS AMOUNT (BEFORE TAXES AND OTHER DEDUCTIONS)
1.		
2.		

*** To calculate the monthly amount based on pay frequency:**

- **Weekly:** multiply by 4.3
- **Bi-Weekly:** multiply by 26 and then divide by 12
- **Semi-Monthly:** multiply by 2

SELF-EMPLOYMENT

Are you registered with the Secretary of State (Indiana): Yes No

Instructions: Use the table below to provide a statement of your profit/loss for the previous calendar month. Please provide revenue (money collected for the sale of your goods or service). You may consider any expense considered as such by the Internal Revenue Service (IRS) a legitimate expense for this scholarship's purposes.

	REVENUE	EXPENSE	PROFIT/LOSS
Monthly Revenue for the Previous Calendar Month:	\$		
Expense:		\$	
Expense:		\$	
Expense:		\$	
Expense:		\$	
Expense:		\$	
Total Expenses:		\$	
Profit / Loss			\$

Note: You must provide a copy of your prior year's business tax return unless no taxes have been filed due to business start-up date. Check here if this is your business' first year of operations and no tax return has yet been filed: 1st Year

OTHER INCOME

Income for determination of gross monthly income includes unemployment, alimony, and child support. Include any of these items in gross monthly household income and use guidelines from W-2 section above in determining monthly amounts based on pay frequency.

TYPE	FREQUENCY	GROSS AMOUNT
1.		
2.		

ATTESTATION

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

APPLICANT SIGNATURE _____

CO-APPLICANT SIGNATURE _____



Office of Early
Childhood and Out-
of-School Learning