



# Cowlitz Indian Tribe

## Child Care and Development Program

### Income Verification Form

(Self-employment verification form)

Date:	Business Name:
WA License #	
State of:	County of:

To Whom I May Concern:
<p>I _____, am self-employed. My income last months was \$ _____. I expect to be making (within \$100 plus or minus) \$ _____ per month, this quarter. I work approximately _____ days a month. The type of work that I perform is _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

New Business

Copy of last years taxes

\_\_\_\_\_  
CCDP Staff Name:

\_\_\_\_\_  
Confirmation Date: