



PO Box 453220 Grove, Oklahoma 74345| P: 918-787-5452 Ext. 6055 or 6056

STATE OF _____

COUNTY OF _____

DATE _____

Child Care Program
INCOME STATEMENT VERIFICATION FORM

Please Print

TO WHOM IT MAY CONCERN:

I, _____, am (*circle one*) self employed or paid in cash/check.
My income last month was \$_____. I expect to be making (within \$100
plus or minus) \$_____ per month, this quarter.

My schedule that I work is (example: Tue-Sat): _____ days a week
and the hours I work are (Example 8:00 – 5:00) a week _____.

AFFIANT

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public

Imprint Seal Here
My Commission Expires: _____

1001. STATEMENTS OF ENTRIES GENERALLY
Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment not more than five years or both.

