



STATEMENT OF DUTIES

For Parents Working Out of Their Home

Created 04/20/09

- **Job Title:** _____
- **Duties** (describe the kind of work you do in your home):

- **Age of child/children:** _____
- **Describe how the work you do prevents you from caring for your own child/children:**

- **Days and Hours worked per week** (If varied, please indicate time range and days):

- **To verify your income, attach at least one of following from this list:** Recent W2's, recent bank statements, your most recent signed Tax Returns, copies of checks from employer or anything else that verifies your income
- **In addition to the above income documentation, attach at least one of the following from this list:** Appointment logs & Client Receipts for services rendered, Job/Work Logs (can include mileage), a list of clients with contact information.
- **You must also submit** a copy of business licenses, business cards and website address, flyers advertising your business, etc. and if applicable a workspace lease, or a workspace rental agreement.
- **Income: (monthly):** \$ _____

Crystal Stairs can request any documentation that verifies the amount of your income and/or your employment if you are unable to provide any of the above documentation.

I hereby certify under penalty of perjury under the laws of the State of California that the information stated above and any documentation submitted herewith, are true and correct to the best of my knowledge, and that none of such information or documentation is misleading, untrue or false. I further understand and acknowledge that by signing this statement, the above information and documentation submitted herewith are subject to verification and hereby grant Crystal Stairs, inc. the authority to verify such information and documentation. If the above information and/or documentation submitted herewith are found to be false, untrue or misleading, I understand that I may be subject to prosecution and punishment under the laws of State of California.

Print Name

Parent Signature

Date

FOR OFFICE USE ONLY Verified Information on (date): ____ / ____ / ____ Spoke With: _____

See Case Note dated: _____ Comments: _____