Certification of Self Employment Statement

Spouse/Partner/Non-Military parent that is self-employed must work between 16-40 hours per week. This form must be signed by the Sponsor and Spouse/Partner/Non-Military parent. This form can be used if tax documents are unavailable.

RE: Family ID# _____

A self-employed person is an individual who earns a living by working for themself, not as an owner of a corporation. Earnings must, at a minimum, exceed minimum hourly wages for the state the business is operated in.

I certify that, (Spouse/Partner/Non-Military parent):_____ works _____ hours per week.

Name of Business: _____

State Where Business is Operated: _____

Start Date of Business: _____

My Estimated Gross Annual Income:_____

I attest that the above information is true and accurate and that I must notify **Child Care Aware® of America** in writing to report a change of possible eligibility status should my Spouse/Partner's employment change. I understand that my fee assistance may be discontinued, making me financially responsible for all child care costs if my Spouse/Partner does not work as required by the Fee Assistance Program guidelines. **Misrepresentation or falsifying this information will be reported to the Army, may result in prosecution under applicable State and Federal laws See 18 U.S.C. 1001, and may subject the individual to removal from the program and require the Sponsor to be responsible for repaying any fee assistance benefits that they were not entitled to receive based upon Army Fee Assistance guidelines.**

_____ Name of the Sponsor

_____ Name of the Spouse/Partner/Non-Military Parent

_____ Signature of Sponsor

_____ Signature of Spouse/Partner/Non-Military Parent

Date: _____

Date: _____

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