

BEARS



Parent Self-Employment Checklist

Date: _____ Parent's Name: _____

A. Declaration of Self-Employment Form

B. Documentation for Self-Employment

Please provide a copy of **at least ONE** or more of the following five documents to verify a need for care:

1. _____ Appointment Logs
2. _____ Client Receipts
3. _____ Job Logs
4. _____ Mileage Logs
5. _____ A list of clients with contact information

C. Documentation of Income

Please provide a copy of **at least ONE** or more of the following five documents to verify income:

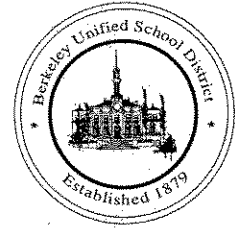
1. _____ A letter from the source of income
2. _____ A tax return
3. _____ Ledgers
4. _____ Receipts
5. _____ Business Logs

D. Documentation of Business Existence

Please provide a copy of **ONE** or more of the following:

- _____ Rental Space/ Booth Rental Agreement
- _____ Workspace Lease
- _____ Bank Statements
- _____ Business License

Berkeley Unified School District



BEARS Office at
King Child Development Center
1939 Ward Street, Berkeley, CA 94703
Phone: (510) 644-8938
FAX: (510) 644-7711

Zachary Pless
Extended Learning
Program Supervisor

Self Employment Declaration Form

Date: _____

I, _____ am declaring under penalty
of perjury that I am self-employed. I work as a (job description/title):

Days and Hours of Self-Employment:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
AM							
PM							

Name of Business: _____

Address: _____

My gross monthly income (before deductions) is : _____

If you have any questions, please call me at: _____

Parent/Guardian Signature