



**Child, Family & Community Services, Inc.
California Child Care Alternative Payment Program**

Self-Certification

**STATEMENT UNDER PENALTY
OF PERJURY**

Date: _____

I, _____, hereby
certify (or declare) under the penalty of perjury that:

1. The agency has requested that I complete this form because my employer has refused or failed to provide requested employment information. **Complete Section A**
2. I have asked that my employer not be contacted to verify my employment because that contact could put my employment at risk. **Complete Section A**
3. I am a self-employed. **Complete Section A**
4. I have no paystubs, receipts, or other documentation of employment. **Complete Section A**
5. Non-employment income when no documentation is possible. **Complete Section B**
6. The child(ren) father(s) does/do not live with me and the children. **Complete Section C**
7. Other. **Complete Section D**

Section A - Employment

Employer :		Type of work:		
Date of hire:	Rate of pay:	How often paid:		
Hours and Days of Work:			For Office Only Total hrs of work	
<input type="checkbox"/> Monday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Tuesday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Wednesday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Thursday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Friday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Saturday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Sunday	Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm		End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Description of work:				

Section B - Non-employment Income

Type of Income	How Much	How Often
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Section C – Residence (You need to provide proof of residence)

My address is:			His address is :		
City	State	Zip	City	State	Zip

Section D -Other

I, _____, swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct