|  |  |  |
| --- | --- | --- |
| DARTMOUTHCOLLEGECHI LD CARECENTER |  | **DCCCC Household Income Category Assessment** |
|  | This is to verify CURRENT household incomes in categories 1-15 on the Center’s sliding fee scale. If you are in income category 15, please initial after your name, sign and date below, and return the form – no further documentation is necessary. |  |
|  |  |
|  |  |
|  |  |
|  | Name: |  |  |  | Date: |  |   |  |

|  |
| --- |
| Please show your actual, current gross income in the space below and provide documentation. Documentation of salary may include your Annual Confirmation of Salary Increase, a letter from your department, or a paycheck stub if it shows your current fiscal year income. Income from other sources, including alimony, investment income, and consulting fees may be estimated. Do not include child support payments, state child care assistance, or unemployment compensation. Self-employed persons should attach last year’s income tax return and a projection of their next year’s earnings. Verification of income is done at the time of a child's admission to the Center, annually in July, and whenever a change in family income occurs, affecting position on the sliding fee scale. Fees are assessed on a sliding scale based on your household income; your subsidy is the difference between the full price and the amount you pay. As required by federal tax law, the College must report subsidies as taxable income to you and to the IRS as taxable wages on your W-2. It is a family's responsibility to notify us of significant changes in household income during the year.If you have more than one preschool child in childcare, you are eligible for a deduction from your income of up to $10,000 for household incomes over $50,000 or more and $5,000 for incomes below $50,000 for each additional dependent child in full-time pre-school childcare. Deductions are pro-rated for children in less than full-time care. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name(s) of Preschool Dependent Child(ren)** | **Age** | **# of Days/ Week in Care** |  |  | **FOR OFFICE USE ONLY** |  |
|  |  | Deductions |  | Tuition Information |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child 1 |   |   |   |  |  | N/A |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Deduction |  | Monthly Tuition Rate | x | % Full Time | = | Monthly Tuition |  |
| Child 2 |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Deduction |  | Monthly Tuition Rate | x | % Full Time | = | Monthly Tuition |  |
| Child 3 |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Deduction |  | Monthly Tuition Rate | x | % Full Time | = | Monthly Tuition |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |   |  |   |  | $ |   |  |
|  | 1. Name |  | Documentation Type |  | Gross Annual Income |  |
|  |  |  |  |  |  |  |
|  | Employment Type (check one): |  |[ ]  Dartmouth  |  |[ ]  Non-Dartmouth  |  |
|  |   |  |  |   |  |  |   |
|  |   |  |   |  | $ |   |  |
|  | 2. Name |  | Documentation Type |  | Gross Annual Income |  |
|  |  |  |  |  |  |  |
|  | Employment Type (check one): |  |[ ]  Dartmouth  |  |[ ]  Non-Dartmouth  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. Income from Other Sources (Alimony, Investments, Consulting, etc.): |  | $ |   |  |
|  |  |  |  | Total Other Income |  |
|  |  |  |  |  |  |
|  |  |  | $ |   |  |
|  |  |  |  | Total Gross Household Income |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Signature: |  |  |  | Date: |  |   |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **FOR OFFICE USE ONLY** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Gross Household Income: | $ |  |  | Income Category Number: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Less Total Deductions: | $ |  |  | Office Staff Signature: |  |  |  | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adjusted Household Income: | $ |  |  |  |  |  | cc: Family | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |