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| DARTMOUTH  COLLEGE  CHI LD CARE  CENTER |  | **DCCCC Household Income Category Assessment** | | | | | | | |
|  | This is to verify CURRENT household incomes in categories 1-17 on the Center’s sliding fee scale. If you are in income category 17, please initial after your name, sign and date below, and return the form – no further documentation is necessary. | | | | | | |  |
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|  | Name: |  |  |  | Date: |  |  |  |

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| --- |
| 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. In this case, we will review your estimate in January.  If you have more than one preschool child in child care 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 child care. Deductions are pro-rated for children in less than full-time care. |

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| **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 |  |
|  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |
|  | |  |  |  |  |  | Total Deductions |  |  | | |  |  |  |  |  |

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|  | 1. Name | | | | | | | | | |  | Documentation Type | | | | | | | | | | |  | | Gross Annual Income | | | | | | |  |
|  |  | | | | | | | | | |  |  | | | | | | | | | | |  | |  | | | | | | |  |
|  | Dartmouth Affiliation (check one): | | | | | | | | | |  |  | | | | | | | | | | |  | |  | | | | | | |  |
|  |  | Faculty |  |  | Research Assistant A |  |  | Research Assistant B |  |  | Research Assistant C | |  |  | Exempt |  |  | Non-Exempt | |  |  | Service | | | |  |  | Student |  |  | Non-DC |  |
|  |  |  |  |  |  |  |  |  |
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|  |  | | | | | | | | | |  |  | | | | | | | | | | |  | $ |  | | | | | | |  |
|  | 2. Name | | | | | | | | | |  | Documentation Type | | | | | | | | | | |  | | Gross Annual Income | | | | | | |  |
|  |  | | | | | | | | | |  |  | | | | | | | | | | |  | |  | | | | | | |  |
|  | Dartmouth Affiliation (check one): | | | | | | | | | |  |  | | | | | | | | | | |  | |  | | | | | | |  |
|  |  | Faculty |  |  | Research Assistant A |  |  | Research Assistant B |  |  | Research Assistant C | |  |  | Exempt |  |  | Non-Exempt | |  |  | Service | | | |  |  | Student |  |  | Non-DC |  |
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|  | 3. Income from Other Sources (Alimony, Investments, Consulting, etc.): | | | | | | | | | | | | | | | | | |  | | | | | $ |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | |  | Total Other Income | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | |  |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | $ |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | |  | Total Gross Household Income | | | | | | | |

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