

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program SELF-EMPLOYMENT ATTESTATION STATEMENT	Return To: CCS Central 2 PO Box 346031 Bethesda, MD 20827
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Section 1 General Information	
First Name:	Last Name:
Date of Birth (DOB):	Contact Phone Number:
Social Security Number (optional):	Name of Company:

Section 2 Income (provide your last 3 months of income). Attach verification of income			
Job Title:		EIN:	
Month	Gross Pay	Date Received	Hours Worked
Work Schedule: (If schedule varies, indicate number of days worked per week.)			
What time do you work daily, for example 9am-5pm:		Do You Work: <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
Number of Hours Worked Per Week:		Average hours worked during the past 3 months:	

Section 3 Attestation
<p>I, _____, hereby attest to the following information:</p> <p>I attest that this income is from my own self-employment. I am eligible to file state and federal self-employment taxes. I have the potential to realize a profit or a loss.</p> <p>The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true or if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to repay the State of Maryland for any payments incurred which were paid due to my fraud or error.</p>

Section 4 Signature	
Consent for Release of Information	
<i>I understand that this information will be verified and used by the Child Care Scholarship Program to determine my eligibility for a child care scholarship.</i>	
Signature:	Date: