Self–Attestation Statement

1. Name (clearly print): _____
2. Job Title/Position Title (clearly print):_____
3. Self-employment start date (clearly print): _____
4. Describe in detail what your work consists of(clearly print): _____

   _____

   _____

   _____

   _____
5. Method of payment: [ ] Check [ ] Electronic transfers [ ] Cash [ ] Other_____
6. Number of hours you work per week:_____
7. Below, enter the times for each day of the week you would be working:

Weekly Work Schedule							
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
From:							
To:							

ELCFH Staff reserves the right to request additional documentation or information to when determining School Readiness Eligibility.

I certify that the information I have given is true and correct. I understand that if it is discovered that I have not been truthful with the information, I may and can be prosecuted for **FRAUD**. I may and will be required to pay back financial assistance that I received from the county, state or federal programs for childcare for my child(ren). I understand that it is against the law to receive childcare assistance for my child(ren) by giving false information.

_____ _____

Client's Signature Date

Notary Public

State of Florida, County of _____

The foregoing instrument was acknowledged before me on this _____(date)

by _____ (name of person), who is:

[ ] personally know to me or [ ] produced ID: _____ as identification.

Notary's Printed Name: _____

Notary's Signature: _____

Date: _____

Notary Seal

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