



## Certification of Self Employment Statement

**Spouse/Partner/Non-Military parent that is self-employed must work between 16-40 hours per week. This form must be signed by the Sponsor and Spouse/Partner/Non-Military parent. This form can be used if tax documents are unavailable.**

**RE: Family ID#** \_\_\_\_\_

A self-employed person is an individual who earns a living by working for themselves, not as an owner of a corporation. Earnings must, at a minimum, exceed minimum hourly wages for the state the business is operated in.

I certify that, (Spouse/Partner/Non-Military parent): \_\_\_\_\_ works \_\_\_\_\_ hours per week.

Name of Business: \_\_\_\_\_

State Where Business is Operated: \_\_\_\_\_

My Estimated Gross Annual Income: \_\_\_\_\_

I attest that the above information is true and accurate and that I must notify **Child Care Aware® of America** in writing to report a change of possible eligibility status should my Spouse/Partner's employment change. I understand that my fee assistance may be discontinued, making me financially responsible for all child care costs if my Spouse/Partner does not work as required by the Fee Assistance Program guidelines. **Misrepresentation or falsifying this information will be reported to the Army, may result in prosecution under applicable State and Federal laws See 18 U.S.C. 1001, and may subject the individual to removal from the program and require the Sponsor to be responsible for repaying any fee assistance benefits that they were not entitled to receive based upon Army Fee Assistance guidelines.**

\_\_\_\_\_  
Name of the Sponsor

\_\_\_\_\_  
Name of the Spouse/Partner/Non-Military Parent

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Signature of Spouse/Partner/Non-Military Parent

Date: \_\_\_\_\_

Date: \_\_\_\_\_