DPS Teachers/Secretaries
Please submit completed form to:
Office of Choice and Enrollment
ocesforms@dpsk12.org
School:

DENVER PRESCHOOL PROGRAM

Income Affidavit

Child's Name:_____ Student #:_____

Please provide the current gross income for either one or both parents/guardians in the household. (**Gross income is the total income including work and non-work income before deductions and expenses**.)

As of_____/_____/_____, the current gross income for:
Month **Day** **Year**

☐ Both Parents/Guardians

OR:

☐ One Parent/Guardian _____
Parent/Guardian Name

Is: $_____ ☐ Per Month

OR:

$_____ ☐ Per Year

I hereby certify that the statements above are true and accurate to the bestof my knowledge.

_____
Signature of Parent/Guardian Signature Date

Please return this completed and signed form to the Denver Preschool Program Email at:
application@dpp.org
Fax: 303-295-1750
Denver Preschool Program
P.O. Box 40037
Denver, CO 80204

FUNDING QUALITY PRESCHOOL FOR DENVER