



SCOTT COUNTY FAMILY Y CAMP ABE LINCOLN INCOME ATTESTMENT

THIS FORM **MUST** BE SUBMITTED WITH A COMPLETED CAMP ABE LINCOLN REGISTRATION FORM WHICH INDICATES THE CAMP SESSIONS TO BE CONSIDERED

FTID#:	IBP %:	Director Review
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PLEASE PRINT:

Child(ren) Name: _____

I, _____, affirm that my annual taxable **household** income for the last 12 months
(Parent/Guardian Full LEGAL Name)

was \$ _____. (Household income is the income of all individuals living at the same address.)

There are _____ persons living in my **household**.

Contact Information:

Parent/Guarding Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip code: _____

Email: _____

Phone: _____

Alternate phone _____

By signing below, I attest that the information provided above is true and accurate. I understand that falsifying information in this statement may lead to the suspension of my membership, program, child care and camp privileges and may make me ineligible for income based pricing.

Parent/Guardian Signature Date

(Note: Effective January 1, 2017, program income based pricing will be limited to 50% of program fee. Income based pricing is not available for all programs.)