



City of Kotka
Welfare Services
Day Care and Early Education
Laivurinkatu 4
48100 KOTKA

INCOME STATEMENT

- for the determination of day care fee
 for the revision of day care fee
 for the determination of the amount of service voucher

Valid from _____

Name of child	Personal identity number	Place of care
Parents/guardians/spouse/partners living in the same household	Personal identity number	
Other children in the family and their dates of birth		
We do not wish to submit information on our income.		
We agree to the highest client fee in municipal day care.		<input type="checkbox"/> yes
We agree that the amount of the service voucher is determined on the basis of the highest client fee.		<input type="checkbox"/> yes

INCOME	Income of mother (other guardian, husband, partner)		Income of father (other guardian, wife, partner)	
	Declared by parents €/month	Completed by authorities	Declared by parents €/month	Completed by authorities
Gross income from main occupation €/month (Appendix: most recent pay slip)				
- average fringe benefits €/month				
- average extra compensation for shift work €/month				
Gross income from secondary occupation €/month (Appendix)				
Pensions €/month (Appendix)				
Unemployment benefit/labour market subsidy/training subsidy €/day (Appendix)				
Sickness allowance, maternity/parental benefit €/day (Appendix)				
Maintenance allowance/support to children in day care €/month				
Other income (interest and dividend income, rental income etc.) €/month (Appendix)				
INCOME TOTAL				
EXPENSES				
Maintenance allowance paid €/month (copy of payment receipt) (Appendix)				
Other expenses (e.g. life annuity) €/month (Appendix)				
EXPENSES TOTAL				

Students are required to present a student certificate. Private entrepreneurs must report their company income by means of a separate appendix.

I/we hereby declare that the information submitted by me/us is correct.

Date _____ 201 _____

Signatures of guardian(s) and name(s) in block letters, and daytime telephone number

THIS FORM MUST BE SUBMITTED NO LATER THAN TWO WEEKS AFTER THE CARE HAS BEGUN.