

Documents you need for RItE Care/RItE Share Application

I. Proof of Earned Income

For **Gross Earned Income**, please provide copies of ONE (1) of the following:

- _____ Pay stubs for most recent 4 weeks
- _____ If employed for less than one month, a letter from employer stating gross wages, hours worked, pay dates and employer contact information (on letterhead)

For **Self Employed Income**, please provide copies of ONE (1) of the following:

- _____ Federal Tax Return form 1040 from previous year with all schedules
- _____ Business bank statement
- _____ Statement from accountant
- _____ Bookkeeping records

For **Child Care Income**, please provide:

- _____ A letter from the parent(s) of the children you care for that says how much they pay you per week or month

For **Rental Income**, please provide all of the following that apply to you:

- _____ Tenant's rent receipt from most recent month
- _____ Proof of mortgage, taxes, insurance
- _____ Number of rental units
- _____ Water bill
- _____ Sewer bill
- _____ Utilities (if provided)

For **Unemployment Compensation, Workers Compensation, Temporary Disability Insurance, Social Security, and Veteran Administration Benefits**, please provide copies of ONE (1) of the following:

- _____ Award letter stating amount of benefits to be received
- _____ Most recent check (does not apply for Unemployment Compensation)

For **Child Support and Alimony Income**, please provide copies of ONE (1) of the following:

- _____ Most recent cancelled check/money order. (If paid in cash, a statement from the non-custodial parent stating the amount and frequency of payments.)
- _____ Court order specifying amount to be paid to applicant

If an applicant has no source of income, the applicant must provide a letter of support signed by the person who is providing support to them, including a description of that support (e.g., person is living with me), and their relationship to the applicant (family member, friend, etc.).

II. (If you are pregnant) Proof of Pregnancy*

- _____ Letter or statement from doctor, OBGYN, or nurse practitioner stating due date of baby
- (* Pregnant women who meet income and residency guidelines are eligible regardless of citizenship status.)

III. (If you are a U.S. citizen) Proof of Citizenship and Identity

- _____ Show ONE (1) original U.S. Passport, Certificate of Naturalization OR Certificate of U.S. Citizenship
- OR
- _____ Show ONE (1) Identity Document **AND** ONE (1) Citizenship Document from the list of acceptable citizenship and identity documents available at www.dhs.ri.gov.

IV. (If you are not a U.S. citizen) Proof of Immigration Status

Please provide copy of both sides of ALL documents that show your immigration status:

- _____ Passport
- _____ Green Card (Resident Alien Card)
- _____ I-94 (Arrival/departure record)
- _____ Work Authorization Card (I-688B with code)
- _____ INS notice or letter
- _____ Court order from INS showing immigration status
- _____ Any other INS document showing immigration status