INCOME WORKSHEET

Applicant Name: _____ **Social Security Number** _____

APPLICANT/FAMILY MEMBERS IN HOUSEHOLD	AGE	SOURCE OF INCOME EMPLOYMENT/OTHER	INCOME (PAST 6 MONTHS X 2)*	TOTAL FAMILY INCOME

*Or use 6-month income compared to ½ the Poverty or 70% of Lower Living Standard Income Level. Employed adults and dislocated worker applicants must use the self-sufficiency level of 100% of the Lower Living Standard Income Level or if higher, the levels as determined by the Workforce Development Board.

TOTAL NUMBER IN FAMILY UNIT_____TOTAL ANNUALIZED FAMILY INCOME $_____

Poverty level and 70% lower living standard level for this family size: $_____

For employed individuals, 100% LLSIL (or higher level as set by WDB Policy) for this family size: $_____

Applicant's includable family income is at or below the appropriate level: YES_____   NO _____

CERTIFICATION: I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my place of employment or agency from which I received benefits.

APPLICANT'S SIGNATURE: _____**DATE**_____

PARENT, IF APPLICANT IS MINOR: _____**DATE**_____

CERTIFIER'S SIGNATURE: _____**DATE**_____

REVIEWED BY: _____**DATE**_____

APPENDIX 1

INCOME DETERMINATION METHOD:

1.	**Straight Pay or Salary Method**	**(minimum 3 pay stubs)**
2.	**Average Pay Method**	**(minimum 3 pay stubs)**
3.	**Year-to-Date Method**	**(most recent pay stub)**
4.	**Highest Pay Method**	**(minimum 3 pay stubs)**
5.	**Intermittent Work Method**	**(attach applicant statement)**

<u>FAMILY MEMBER</u>
INCOME DETERMINATION METHOD (   )

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INCOME DETERMINATION METHOD (   )

(USE ADDITIONAL PAGES IF NECESSARY)