**Income Worksheet**

|  |  |
| --- | --- |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Four of SSN: \_\_\_\_\_\_\_\_\_\_\_\_ |

**Do you currently receive any of the following sources of income, or have received it within the last 6 months?**

|  |  |  |
| --- | --- | --- |
| [ ]  TANF (Cash Assistance)[ ]  Free/Reduced Price Lunch (*Youth only*) | [ ]  SNAP (Food Assistance) | [ ]  SSI (Supplemental Security) |
|  |  |  |

**Are currently one of the following?**

|  |  |  |
| --- | --- | --- |
| [ ]  Homeless Individual | [ ]  Foster Child (*for whom government payments are made*) | [ ]  Resident of a High Poverty Census Tract *(Youth Only)* |

**If you marked YES to any of the options listed above and can provide documentation to your Career Coach, please skip the Family Income section and sign below.**

**Family Income & Composition:** List all family members and all income sources. Enter Annualized Income from Part II.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family****Member** | **Name** | **Relationship** | **DOB** | **Age** | **Income****Source(s)** | **6 Month****Income****(from Part II)** |
| 1 |  | Self/Applicant |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

**Income Source Key: E** = earned income/employment **O** = other income **N** = no income **FC** = foster child

**UI** = unemployment insurance (any state) **SS** = Social Security retirement/disability income

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Review:** | **Family Size:** | **6 Month Income:** | **6 Month Income Limit:** |

**Does the household of the applicant meet the WIOA Definition of Low-Income?** [ ] Yes[ ] No

**Certification:** I attest that to the best of my knowledge the information above is true and correct.

Applicant Signature Date

Career Coach Signature Date

 **PART II – Income and Employment**

**Work History:** Describe each family member’s work history over the past 6 months.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Employer** | **Start Date** | **End Date** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**Average Pay Method:** Use this method if the family member provides 2 pay stubs. This must be done separately for each household member with earned income. Use a second Part II and attach to the Income Worksheet.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Employer** | **Pay Date** | **Gross Pay** | ÷ | **# Weeks in****Pay Period \*** | **=** | **Weekly Gross****Income** |
| 1 |  |  |  | ÷ |  | = |  |
| 2 |  |  |  | ÷ |  | = |  |
|  **a) Average Weekly Gross:** Total Weekly Gross Income from Lines 1 & 2 ÷ 2 (Paystubs) | = |  |
|  **b) 6 Month Income:** Weekly Gross Income from Line a × 26 (weeks) | = |  |
|  **c) Annual Income (for EmployNV):** 6 Month Income (line b) × 2  | = |  |

\* Pay period: weekly = 1; bi-weekly = 2; monthly = 4.3

**Year-to-Date Method:** Use this method if the family member provides a recent pay stub with the cumulative year-to- date gross earnings indicated on it. This must be done separately for each household member with earned income. Use a second Part II and attach to the Income Worksheet.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Pay Date** | **Year-to-Date****Gross Pay** | ÷ | **Year-to-Date****Weeks Worked \*** | **=** | **Weekly Gross****Income** |
|  |  |  | ÷ |  | = |  |
|  **a) 6 Month Income:** Weekly Gross Income from Line 1 × 26 (weeks) | = |  |
|  **b) Annual Income (for EmployNV):** 6 Month Income (line a) × 2  | = |  |

**Other Income:** List other income family members may have from the list of income inclusions below.

|  |  |  |
| --- | --- | --- |
| **Name** | **Source** | **6 Month Total** |
| 1 |  |  |  |
| 2 |  |  |  |

|  |  |
| --- | --- |
| **Family income calculations include the following:** | **Family income calculations exclude the following:** |
|  Money, wages and salaries before any deductions Regular payments from social security (i.e. old-age survivors insurance)  Social Security Disability Insurance Unemployment compensation Child support payments Net receipts from nonfarm self-employment  Net receipts from farm self-employment  Railroad retirement, strike benefits from union funds, workers’compensation and training stipends Alimony Military family allotments or other regular support from an absent family member or someone not living in the household Pensions, whether private or government employee  Regular insurance or annuity payments Dividends, interests, net rental income, net royalties, periodic receipts from estates or trusts Net gambling or lottery winnings |  Public Assistance payments (SNAP/TANF, SSI, RCA, GA) Financial assistance under Title IV of the Higher Education Act (i.e. Pell Grants, Federal Work Study) and needs-based scholarship assistance Income and allowances earned while a veteran was on active military duty and certain other veterans’ benefits received under Title 38 Capital gains Any assets drawn down as withdrawals from a bank, the reverse mortgage or sale of a property, a house or the sale of a car Tax refunds, gifts, loans, lump sum inheritances, one-time insurance payments or other compensation for injury Noncash benefits such as employer-paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals and housing assistance Stipends received in the following programs: Job Corps, VISTA, Peace Corps, Americorps*Note: Any income source not included on the Exclusions list should be*  *interpreted as being an inclusion of the income source.* |