**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 | 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?** YesNo

**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) | | | | | | = |  |

\* 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) | | | | | = |  |

**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   Social Security Disability Income   Net receipts from nonfarm self-employment (receipts from a person’s own unincorporated business, professional enterprise,  or partnership, after deductions for business expenses)   Net receipts from farm self-employment (receipts from a farm which one operates as owner, renter or sharecropper, after deductions for farm operating expenses)   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 (including military retirement pay)   Regular insurance or annuity payments   Dividends, interests, net rental income, net royalties, periodic receipts from estates or trusts   Net gambling or lottery winnings |  Unemployment compensation   Child support payments, including foster care child payments   Public Assistance payments (SNAP/TANF, SSI, RCA, GA)   Regular payments from social security (i.e. old-age survivors insurance)   Financial assistance under Title IV of the Higher Education Act (i.e. Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Work Study) and needs-based scholarship assistance   Income earned while a veteran was on active military duty and certain other veterans’ benefits   Capital gains   Any assets drawn down as withdrawals from a bank, the sale of a property, a house or 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 |