

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)
 SNAP (Food Assistance)
 SSI (Supplemental Security)
- Free/Reduced Price Lunch (*Youth only*)

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 indicate all family members in the household 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: _____
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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.
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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 × Number of Weeks Worked for Previous Six Months						=	
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 × Number of Weeks Worked for Previous Six Months						=	
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:
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 <p><i>Note: Any income source not included on the Exclusions list should be interpreted as being an inclusion of the income source.</i></p>