



Please complete and sign this form, attaching any applicable documentation required. Email with any questions you may have. Thank you.

Customer: _____

Applicant Income Statement for last 6 month calendar period of _____ to _____.

Income related to eligibility for “Family;” Family includes any of the following living in a single residence: 1) A husband, wife, and dependent children; 2) A parent or guardian and dependent children; or 3) A husband and wife.

<u>Source</u>	<u>Amount</u>	<u>Documentation required</u>
Wages		
Employer 1	_____	Last pay stub indicating YTD wages and wages/hr.
Employer 2	_____	Last pay stub indicating YTD wages and wages/hr.
Self-employed Wages	_____	Any documentation which substantiates amount of self-employed wages indicated (If your business closed, closing documents required)
Spouse’s wages	_____	Last pay stub indicating YTD wages and wages/hr. (need spouse’s SS# to pull wage documentation)
Over age 18 Children’s wages	_____	Last pay stub indicating YTD wages and wages/hr. (need all SS#’s to pull wage documentation) Copy of previous year’s income tax return (front page of 1040) may be required to prove dependents.
Rental income	_____	Copy of front page of previous year’s 1040.
Pension / IRA-401k (withdrawals that were taxable by the IRS)	_____	Copy of front page of previous year’s 1040.
Insurance annuity	_____	Copy of front page of previous year’s 1040.
Alimony/ Maintenance	_____	Copy of 1 st page, last signed page, and page showing dollar amount from Settlement Agreement.
Disability (SSDI)	_____	Copy of letter from Social Security.
Other (determined at Intake)	_____	As determined by case manager

(over)

Additional Support, which provides for housing and other expenses.

Child support _____

Public assistance _____

Housing _____

Unemployment
Benefits (UI) _____

Food Stamps within past 6 months _____

Any applicable conditions other than stated above: _____

For determination of Self-Sufficiency

**Income of others living in "Household" who are over the age of 18. Household is defined as:
All persons living together at a single residence. (If they pay you "rent," enter on other side.)**

Name: _____ Income*: _____ SS# _____

Name: _____ Income*: _____ SS# _____

Name: _____ Income*: _____ SS# _____

*Also include disability payments.

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination from the WIA program and/or penalties as specified by law.

Applicant's signature and date

Family Member / Friend Attestation of Support

I provide the above customer with room and board (yes ___ no ___) and/or _____ amount of money each month.

Signature of supporting party and date

Address of supporting party