

INCOME WORKSHEET

CUSTOMER NAME: _____	LAST 4 NUMBERS OF SSN: _____
<p>Within the last 6 months, have you received, or are you a member of a family that received, cash payments under a federal, state, or local income-based public assistance program?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (<i>Circle all that apply</i>): TANF/CAIWORKs/Cash Aid * Supplemental Security Income * Refugee Cash Assistance/Relief * Food Stamps * General Relief</p> <p>*** If benefit is connected to a household member please list their name: _____ Relationship to you: _____ Household Size (# of people): _____</p> <p>If you answered <u>yes</u> above, you will need to provide verification. Skip to the Signature Line, sign and date the form. You do not need to provide income information.</p>	

CUSTOMER INSTRUCTIONS: Please provide the following gross income information for your family for the last 12-months from today. This information should match your answer to #50 on the WIOA Application AND the documentation you bring in.

- Record information for yourself and family members that reside in your residence who are related by blood, marriage, or decree of court
- Include children under the age of 21 who are claimed as a dependent on your income tax.
- Include family members who are voluntarily and temporarily residing elsewhere; i.e., attending college or visiting relatives.
- A stepchild or stepparent is considered to be related by marriage.
- EXCLUDE adult children over the age of 21 and/or those who you do not claim on your income tax.
- EXCLUDE unemployment insurance compensation, child support payments, public assistance payments, and old age/survivors benefits under Social Security.

	Last Name	First Name	Age	Relationship to you	\$ Income per Month	For how many months of the last 6?	For how many months of the last 12?	Source of Income
1.				Self				
2.								
3.								
4.								
5.								
6.								

Are you currently making the amount listed in the per month column?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please Explain _____
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CUSTOMER CERTIFICATION: By signing, I attest that the information I have provided is true and complete.

Signature of Customer	Date Customer Signed
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AJCC STAFF INSTRUCTIONS: Refer to 'Priority of Service Groups' matrix to assist customer with determining qualifying sources of income, if necessary. This form must be fully completed, signed, and dated by the customer whenever WIOA services are applied for.

AJCC Staff Signature	Date (mm/dd/yyyy):	TOTAL 6-MONTH INCOME (\$ income p/mo X # of mo)	TOTAL 12-MONTH INCOME (\$ income p/mo X # of mo)

Staff Comments:
 Customer was: able to bring in documentation in the form of: _____ unable to bring in documentation