



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:

| <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 | _____ | 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) _____

Any applicable conditions other than stated above: _____

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