

# INCOME WORKSHEET

Client Name: \_\_\_\_\_

Client SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Site: \_\_\_\_\_

## FAMILY SIZE & INCOME STATEMENT

(List all family members here; include family member's income such as employment income, public assistance, social security payments, etc., if they have no income put -0-)

Should income be  
Included? Excluded?

<u>Family Member's Name</u>	<u>Income Source</u>	<u>Income</u> <small>*Last 6 months</small>		<u>Annualized</u> <u>Income</u>
_____	_____	_____	X 2	_____
_____	_____	_____	X2	_____
_____	_____	_____	X2	_____
_____	_____	_____	X 2	_____
_____	_____	_____	X 2	_____
_____	_____	_____	X 2	_____
_____	_____	_____	X 2	_____
_____	_____	_____	X 2	_____
_____	_____	_____	X 2	_____
_____	_____	_____	X 2	_____
If no income is reported, explain source of support. _____		Total: _____	X 2	_____

Do you provide 50% or more of your own support?  Yes  No

Will you be claimed as a Dependent on another's income tax return?  Yes  No

What documentation was used to determine income eligibility? \_\_\_\_\_

## INCOME CALCULATIONS (Use this area to calculate Family Income)

- Straight Pay or Salary Method
- Average Pay Method
- Year-To-Date Method

## Nepotism

Yes  No Do any of your family members hold elected, appointed or administrative positions funded by WIA, or have authority or advisory responsibility for the expenditures of WIA funds? If Yes, specify below.

Name	Relationship to You	Agency	Position
_____	_____	_____	_____

## Signature

Case Manager Signature	Date	Participant Signature	Date
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