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| |  |  | | --- | --- | | **NAME** |  | | **SSN** |  | |

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| PROOF OF FAMILY SIZE SELF-ATTESTATION FORM  PUBLIC ASSISTANCE RECORDS |

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| LIST OF INCLUDABLE INCOME  * Money, wages, and salaries before and deductions * Net receipts from farm or non-farm self-employment * Regular payments from railroad retirement, strike benefits from union funds and worker’s compensation (not lump sum) training stipends * Alimony * Military family allotments or other regular support from an absent family member or someone not living in the household. * Pensions * Regular insurance or annuity payment * College or university grants, fellowships, and assistantships, state work-study, (not needs based scholarships * Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts. * Net gambling or lottery winnings * L&I paid on a monthly basis   **If the payment cannot meet one of the excludable criteria, then the payment will be includable income** LIST OF EXCLUDABLE INCOME  * Unemployment compensation * Child support * Old Age and Survivors Insurance (OASI). * Public assistance payments (including TANF, SSI, RCA, food stamps) * Foster child care payments * Financial assistance under Title IV of the Higher Education Act, i.e. Pell grants and federal work-study * Capital gains * Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car. * Tax refund, gifts, loans, lump-sum inheritance, one-time insurance payments, or compensation for injury (lump sum). * Non-cash benefits (employer fringe benefits, food/housing received in lieu of wages, school meals, and housing assistance * Income earned while on active military duty and other benefits specified at 38 U.S.C. The six specific benefits are: CH 11, CH 13, CH 31, CH 34, CH 35, CH 36 * If payment is a one-time lump-sum, it is generally excludable. If it is in monthly installments, then it is includable * Trade Readjustment Allowance (TRA) * Job Corp |

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| SELECTIVE SERVICE REGISTRATION YES  NO  N/A DOCUMENTATION SS LETTER, CARD OR FORM  ON-LINE OR PHONE VERIFICATION |

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| PROOF OF INCOME  SELF-ATTESTATION FORM  WIA 001 FOR ALL ADULTS IN FAMILY  ALIMONY AGREEMENT  AWARD LETTER FROM VA  COMPENSATION AWARD LETTER  COURT AWARD LETTER  PENSION STATEMENT  EMPLOYER STATEMENT OR CALL TO LAST EMPLOYER (Attach. B)  FAMILY/BUSINESS FINANCIAL RECORDS  HOUSING AUTHORITY VERIFICATION  PAY STUBS (MOST RECENT)  PUBLIC ASSISTANCE RECORDS  QUARTERLY ESTIMATED TAX FOR SELF-EMPLOYED PERSONS  SOCIAL SECURITY BENEFITS  COPY OF AUTHORIZATION TO RECEIVE CASH PUBLIC BENEFITS  MEDICAL CARD SHOWING CASH GRANT STATUS  REFUGEE ASSISTANCE RECORDS |

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| PRIORITY GROUP 3   * LACKS BASIC SKILLS (<235 IN READING OR MATH) * LACKS OCCUPATION SKILLS * EXHAUSTED UI * SINGLE PARENT * LACKS SIGNIFICANT WORK HISTORY (<3 MO. IN LAST 12 MO.) * DISABLED * HIGH SCHOOL DROPOUT * LONG-TERM UNEMPLOYED (UNEMPLOYED 15+ WEEKS IN PRIOR 26 WEEKS) * EX-OFFENDER * HOMELESS (IN A SHELTER/TRANSITIONAL HOUSING OR IN PUBLIC/PRIVATE PLACE NOT DESIGNED FOR REGULAR SLEEPING * DISPLACED HOMEMAKER * REQUIRES SUBST. ABUSE TREATMENT   SELF-ATTESTATION FORM  CASAS TEST RESULTS |

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| ELIGIBILITY TO WORK STATUS **MUST DOCUMENT EITHER A OR BOTH B AND C**  US CITIZEN  ELIGIBLE NON-CITIZEN  **A.**  US PASSPORT  PERMANENT RESIDENT CARD  UNEXPIRED INS FORM I-688/I-688A I-151/Or I-551, I-94  **B.**  STATE ISSUED ID OR DL W/PHOTO  US MILITARY CARD  **C.**  ORIGINAL SSN CARD  OFFICIAL BIRTH CERTIFICATE |

### PRIORITY GROUP I & II INCOME GUIDELINES

**(Circle eligibility income level for client’s family)(Priority Group 1 is low-income)**

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| **(2014)**  **FAMILY SIZE** | **Priority Group 1** | **Priority Group II** |
| **70% of LLSIL**  **6 MO. (Double)** | **<175% POVERTY**  **6 MO.** |
| 1 | $5,835 | $10,211 |
| 2 | $9,160 | $13,764 |
| 3 | $12,576 | $17,316 |
| 4 | $15,223 | $20,869 |
| 5 | $18,319 | $24,421 |
| 6 | $21,423 | $27,974 |
| 7 | $24,527 | $31,526 |
| 8 | $27,631 | $35,795 |
| FOR EACH  ADDITIONAL  PERSON | $3,104 | $3,553 |

### INCOME CALCULATION METHOD

**(Complete for each working member of household)**

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| **Client:** | | | |
| **Source** | **Time Period** | **Method** | **Total** |
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| **TOTAL** | | |  |
| **Family Member Name:** | | | |
| **Source** | **Time Period** | **Method** | **Total** |
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| **TOTAL** | | |  |
| **Family Member Name:** | | | |
| **Source** | **Time Period** | **Method** | **Total** |
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| **TOTAL** | | |  |
| **Family Member Name:** | | | |
| **Source** | **Time Period** | **Method** | **Total** |
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| **TOTAL** | | |  |