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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/ADOCUMENTATION[ ]  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)**

|  |  |  |
| --- | --- | --- |
| **(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 EACHADDITIONALPERSON | $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** |       |