FORWARD CAREERS
DEVELOPING A THRIVING WORKFORCE

Income Verification Form

Revised [10/04/19]

Applicant Name: _____

List applicant and family members (family = those currently residing together. Could include spouse, dependent children or parents for dependent youth - children can be listed together on the same line, do not count any income from those under 18 or those 18-26 who are in school)
List all income or sources of support DWD policy on income

Check for reason for not counting all family members:
☐ Meets "family of 1" definition
☐ Applicant is self-supporting so only counting applicant's income (youth program only)
☐ SELF SUPPORTING STATEMENT: I verify that I have supported myself for the previous six months and I have not regularly received income from a household member or legal guardian, including relatives. My source of support is listed below

Family Income

Family Members	Relationship	Age	Type of income	Weekly Earnings		# of weeks worked (up to 26 weeks)		Earnings during last 26 weeks
	self				X		=	0
					X		=	0
					X		=	0
					X		=	0
					X		=	0
					X		=	0
					X		=	0
					X		=	0
					6 month total			0
					Annualized			0

No Income Statement/Source of Support: List other financial resources (living expenses) to explain "zero" income above (non-cash income, savings, etc.)

_____

_____

Applicant Signature: _____ Date _____

Career Planner Signature: _____ Date _____

Office Use Only

Income Status for DOL reporting

❑ Low income based on:
- ☐ 100% fpl or 70% llsil
- ☐ Public assistance recipient (FoodShare, TANF, SSI or other State or local income-based public assistance)
- ☐ Homeless; foster child receiving state or local government payments;
- ☐ Meets family of 1 definition and meets any of the low income factors even if their family does not; and/or
- ☐ Receives or is eligible to receive free or reduced lunch (applicant only)

❑ Not low income