**Low Income Worker Training Program**

**Applicant Statement of Income**

**Applicant Name:**

**Address:**

**City, State, Zip:**

**Are you receiving or has it been verified that you are eligible to receive benefits through the following programs?**

|  |  |
| --- | --- |
| TANF/MFIP/DWP  | [ ]  Yes [ ]  No |
| SNAP  | [ ]  Yes [ ]  No |
| Free or Reduced Lunch | [ ]  Yes [ ]  No |
| SSI Benefits | [ ]  Yes [ ]  No |

*If you have answered “yes” to any of the above, you do not need to provide additional information regarding income and family size.*

**If you are not receiving or have not been determined to be eligible for the above programs, please provide the following information.**

**Family Size/Number of Persons in Household in Applicant’s Tax Unit:**

**Total Gross Household Income for the Past Six Months: $ x 2 = $**

**Based on the above annualized income, the applicant’s total gross household income is less than or equal to 200% of Federal Poverty Guidelines:** [ ]  **Yes** [ ]  **No**

I certify that the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury. I also allow release of this information for verification purposes in accordance with the “Use of Data” Statement.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Grantee Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_