



Income Worksheet - Earn and Learn

Applicant Information				
Applicant Name (Please Print)			Date of Birth	
Family Size		Annual Income		200% of FPL ☐ Yes ☐ No
Signature				
By signing below, I attest that the individual whose signature appears above provided the information recorded on this application. I understand that failure to properly verify information referenced in this document could lead to disallowed costs for my employer.				
Staff Name (Please Print)				
Signatures			Date	

Form Date: 09.15.26

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TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.