



Income Worksheet Earn & Learn - DWD Summer Youth Program

Applicant Name		Date of Birth	
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Family Size		Annual Income		200% of FPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Printed Name		Staff Signature		Date Signed	
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Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.