



Self-Attestation of Income – Earn and Learn

To determine your household income for this application, please list every family member who lives in the same residence as you.

Name	Relationship to You	Wages Earned		Public Assistance Does your household receive any of the following services
		Gross Wage Amount	Frequency (weekly, bi-weekly, annual, etc.)	
	Youth Applicant			Check all that apply: ☐ Foodshare ☐ GA / SSI / RCA ☐ W2 / TANF ☐ Free / Reduced Lunch

Signatures

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge and belief.

Applicant Name (Please print)		Aged 18 or older? ☐ Yes ☐ No
Signature (If 18 or Older)		Date
Parent/Guardian Name (Please Print)		
Signature		Date

EMI Staff Use Only

Family Size		Annual Gross Income		Under 300% FPL? ☐ Yes ☐ No
Signature				
By signing below, I attest that the individual whose signature appears above provided the information recorded on this application.				
Staff Name (Please Print)				
Signature		Date		

Form Date: 09.15.26

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, at no cost to you please contact Carrie Hersh, Equal Opportunity Officer, at (414) 270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

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.