



SELF ATTESTATION OF INCOME - EARN & 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
		Gross Wage Amount	Frequency (weekly, bi-weekly, annual, etc.)	Does your household receive any of the following services (check all that apply)?
	Youth Applicant			<input type="checkbox"/> Foodshare <input type="checkbox"/> GA / SSI / RCA <input type="checkbox"/> W2 / TANF <input type="checkbox"/> Free / Reduced Lunch

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 (Parent/Guardian Signature if under 18 - Please Print) _____

Applicant Signature (Parent/Guardian Signature if under 18) _____ **Date** _____

THIS SECTION TO BE COMPLETED BY STAFF

Family Size		Annual Gross Income	\$	Under 300% 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.

Staff Name (Please Print) _____

Staff Signature _____ **Date** _____