

**INCOME WORKSHEET - DOL-FUNDED PROGRAM**

Applicant Name		Date of Birth	
-----------------------	--	----------------------	--

Dependent and Household Member Calculation (check all that apply)

- ☐ You have a Social Security number
AND
- ☐ You are related to the person claiming you as a dependent.
- This includes being the son, daughter, adopted child, stepchild, foster child, or a descendant of any one of these relations (e.g., a grandchild) of the individual claiming you as a dependent. **OR**
 - the brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any one of these relations (e.g. a niece or nephew) of the individual claiming him or her as a dependent
- AND**
- ☐ You meet one of the following age requirements.
- You are under the age of 19 and younger than the individual or at least one member of a married couple. **OR**
 - You are a full-time student under the age of 24 and younger than the individual or one member of a married couple. **OR**
 - You are permanently and totally disabled regardless of age.
- AND**
- ☐ You live with the individual(s) in the United States for more than half of the year (i.e. at least 183 days)
AND
- ☐ You are not being claimed as a dependent by somebody else.
Please refer to this link for the full dependent definition: <https://dwd.wisconsin.gov/wioa/policy/appendices/A.9.htm>

Do any of your family members claim you as a dependent? ☐ **Yes** ☐ **No**
(You must meet all criteria listed above to be considered a dependent)

For income calculation purposes, a **family** is defined as two or more persons related by blood, marriage or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependent children;
- Parent or guardian and dependent children;
- A married couple

Including yourself, how many family members (including dependents) reside with you?

_____ (These people will be listed by name on page 3)

Income Calculation: What income do you and your family currently receive or have received in the past 6 months?

You	Family Member	Income to Include (For purposes of the WIOA Title I-B programs, the following is counted as income)
<input type="checkbox"/>	<input type="checkbox"/>	<u>Gross earnings</u> from salaries, wages, tips, fees, commissions, cash bonuses and similar types of compensation for services. (Always count the applicant's gross earnings, regardless of age.)
<input type="checkbox"/>	<input type="checkbox"/>	<u>Net revenue</u> derived from ownership or part ownership of a business or farm (self-employment)
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment compensation
<input type="checkbox"/>	<input type="checkbox"/>	Worker's compensation
<input type="checkbox"/>	<input type="checkbox"/>	Alimony or separate maintenance payments
<input type="checkbox"/>	<input type="checkbox"/>	Child support
<input type="checkbox"/>	<input type="checkbox"/>	<u>Social Security (Old-Age, Survivors, and Disability Insurance)*</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Net rental income*</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Royalties*</u>
<input type="checkbox"/>	<input type="checkbox"/>	Retirement income (includes defined benefit, defined contribution, military retirement pay)
<input type="checkbox"/>	<input type="checkbox"/>	Annuities
<input type="checkbox"/>	<input type="checkbox"/>	Interest and dividends
<input type="checkbox"/>	<input type="checkbox"/>	Income from estates, trusts, and life insurance policies*

**List as OTHER under SOURCE on Worksheet*

You	Family Member	Income to Exclude (For purposes of the WIOA Title I-B programs, the following income must be reported)
<input type="checkbox"/>	<input type="checkbox"/>	Earnings of members who are under the age of 18
<input type="checkbox"/>	<input type="checkbox"/>	Earnings of members who are between the ages of 18 and 26 <u>and</u> in school
<input type="checkbox"/>	<input type="checkbox"/>	Military or Veteran's pay, allowances or benefits
<input type="checkbox"/>	<input type="checkbox"/>	Public assistance (e.g. government cash assistance programs such as W2, FoodShare)
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI) payments
<input type="checkbox"/>	<input type="checkbox"/>	Any allowance, earnings, or payments stemming from participation in WIOA Title I-B programs
<input type="checkbox"/>	<input type="checkbox"/>	Loans, grants, or scholarships

<OR> ☐ I have no income or monthly expenses (rent, utilities, food, etc.) Explain: _____

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, 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.

INCOME WORKSHEET - DOL-FUNDED PROGRAM

Date of Income Calculation		Date 6 Months Prior	
-----------------------------------	--	----------------------------	--

To determine your family income for this application, please list every family member who lived in the same residence as you over the last six months.

Name (as calculated on page 1)	Relationship to You	Age	Wages (Earned Income)		Other Includable Income		
			Amount	Frequency	Source	Amount	Frequency
	Self						

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 Signature		Date Signed	
----------------------------	--	--------------------	--

THIS SECTION TO BE COMPLETED BY STAFF

Applicant's Annual Income				<input type="checkbox"/> At or below 100% of FPL	<input type="checkbox"/> At or below 70% of LLSIL	<input type="checkbox"/> Neither
Family Size		Family's Annual Income		<input type="checkbox"/> At or below 100% of FPL	<input type="checkbox"/> At or below 70% of LLSIL	<input type="checkbox"/> Neither

Visit this site <https://dwd.wisconsin.gov/wioa/llsil-fpl.htm> to determine appropriate Federal Poverty Line and Lower Living Standard Income Level. The chart is also available in ASSET Programs. Note: If applicant is below BOTH income levels, choose the level with the higher dollar amount.

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	
---------------------------	--	------------------------	--	--------------------	--

Form Date: 01.26.26