



Income Eligibility and Recertification - WISE

Section 1: Applicant/Participant Information (Please Print)

Last Name	First Name	Middle Initial	Select One <input type="checkbox"/> Initial <input type="checkbox"/> Recertification
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Section 2: Income Statement - Proof of all income is required

Excluded Income Source	Applicable	Excluded Income Source	Applicable
Capital gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child support - all forms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Title II @ 25% of actual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other disability benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax refunds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump-sum inheritance, insurance payments, gambling, lottery earnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	The first \$2000 per capita fund distribution-Indian Claims Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money borrowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from other employment and training programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans or former members of the Armed Forces payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Senior Corps, Corporation for National and Community Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Includable Income Source Income statements must be attached. The includable income received by the applicant/ participant during the twelve (12) month period ending on the date an individual applies. The annualized income for the six (6) month period ending on the date an individual applies; or Whichever method in paragraph (a) or (b) of this subsection is more favorable to the applicant.

Source	Applicable	6 Mos	Annualized (6 mos. x 2)	12 Mos
Earnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Social Security Title II @ 75% of actual	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Other survivor benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Pension or retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Rents, royalties, estates, trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Educational assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Financial assistance from outside of household	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Total		\$	\$	\$

The DHHS publishes Federal Guidelines effective in January of each year. Please use current guidelines to determine eligibility on an annual basis. The income of an individual or of the family of which the individual is a member does not exceed **125%** of the low-income standards defined by the DOL.

Family Size		Maximum Income Level	\$	<input type="checkbox"/> Yes, below the limit <input type="checkbox"/> No, above the limit
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TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauv 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** vog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koi kom koj to taub.

Section 3: Wisconsin Residency Verification (Recertification Only)

Wisconsin residency confirmed Yes No N/A, not a recert. If Yes, verification documentation **must** be attached.

Section 4: Signatures

Applicant/Participant Signature		Date	
Staff Signature		Date	

Form Date: 02.26.26