



### EMPLOY MILWAUKEE DOL-FUNDED PROGRAM INCOME WORKSHEET

<b>Applicant Name</b>		<b>Date of Birth</b>	
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**Do you meet any of the following conditions that would define you as a dependent of a family member?**

- Have a Social Security number **AND** are 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 him or her as a dependent.
- Are 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** are under the age of 19 and younger than the individual or at least one member of a married couple.
- Are a full-time student under the age of 24 and younger than the individual or one member of a married couple.
- Are permanently and totally disabled regardless of age **AND** live with the individual in the United States for more than half of the year (i.e. at least 183 days) **AND** not be claimed as a dependent by somebody else.

Yes     No

Please refer to this link for dependent definitions: <https://dwd.wisconsin.gov/wioa/policy/10/10.3.101.htm>

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.

**Income to Include. For purposes of the WIOA Title I-B programs, the following is counted as income:**

- Gross earnings 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.]
- Net revenue derived from ownership or part ownership of a business or farm
- Unemployment compensation
- Worker's compensation
- Alimony or separate maintenance payments
- Child support
- Social Security (Old-Age, Survivors, and Disability Insurance) \*
- Retirement income (includes income from defined benefit and defined contribution plans and military retirement pay)\*
- Annuities\*
- Interest and dividends\*
- Net rental income\*
- Royalties\*
- Income from estates, trusts, and life insurance policies\*

*\*List as OTHER under SOURCE on Worksheet*

**Income to Exclude**

- Earnings of members who are under the age of 18
- Earnings of members who are between the ages of 18 and 26 and in school
- Military or Veteran's pay, allowances or benefits
- Public assistance (e.g. government cash assistance programs)
- Supplemental Security Income (SSI) payments
- Any allowance, earnings, or payments stemming from participation in WIOA Title I-B programs
- Loans, grants, or scholarships

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**EMPLOY MILWAUKEE DOL-FUNDED PROGRAM INCOME WORKSHEET**

<b>Date of Income Calculation</b>		<b>Date 6 Months Prior</b>	
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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	Relationship to You	Age	Wages Earned		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.

<b>Applicant Signature</b>	<b>Date Signed</b>

**THIS SECTION TO BE COMPLETED BY STAFF**

<b>Family Size</b>		<b>Annual Income</b>		<b>100% of FPL?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>70% of LLSIL?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Visit this site [https://dwd.wisconsin.gov/wioa/llsil\\_fpl.htm](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.

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.

<b>Staff Printed Name</b>	<b>Staff Signature</b>	<b>Date Signed</b>