

Applicant Name: _____ **SSN:** _____
Income Review Period **From:** _____ **To:** _____

*The income review period includes the **26 weeks** prior to the application date.* (Application Date)

Family Composition: List each family member as defined in CTDOL AP 00-08 (add a new page if needed).

Family Member	Name	Relationship	DOB	Age	Income Source(s)	Annualized Income (from Part II)
1		Self/Applicant				
2						
3						
4						
5						
6						

Income Source Key: **E** = earned income/employment **O** = other income **N** = no income **FC** = foster child
FS = food stamp recipient **CA** = cash assistance (includes TFA, SSI, SAGA, RCA)

Income Review:	Family Size:	Income Limit:	Total Annualized Income:
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Certification:	I attest that to the best of my knowledge the information above is true and correct.
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Applicant Signature _____
Date

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

Staff Signature _____
Date

Family Income Calculation: Complete and attach Part II: Annualized Income Calculation, for each family member with earned income during the 26-week income review period.

Family income calculations include the following:	Family income calculations exclude the following:
<ul style="list-style-type: none"> ▪ Money, wages and salaries before any deductions ▪ Net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses) ▪ Net receipts from farm self-employment (receipts from a farm which one operates as owner, renter or sharecropper, after deductions for farm operating expenses) ▪ Railroad retirement, strike benefits from union funds, workers' compensation and training stipends ▪ Alimony ▪ Military family allotments or other regular support from an absent family member or someone not living in the household ▪ Pensions, whether private or government employee (including military retirement pay) ▪ Regular insurance or annuity payments ▪ College or university grants, fellowships and assistantships (see exclusion for needs-based scholarship assistance) ▪ Dividends, interests, net rental income, net royalties, periodic receipts from estates or trusts ▪ Net gambling or lottery winnings 	<ul style="list-style-type: none"> ▪ Unemployment compensation ▪ Child support payments, including foster care child payments ▪ Welfare payments (AFDC/TANF, SSI, RCA, GA) ▪ Regular payments from social security (i.e. old-age survivors insurance) ▪ Social security disability income ▪ Financial assistance under Title IV of the Higher Education Act (i.e. Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Work Study) ▪ Needs-based scholarship assistance ▪ Income earned while a veteran was on active military duty and certain other veterans' benefits (see policy for exclusions) ▪ Capital gains ▪ Any assets drawn down as withdrawals from a bank, the sale of a property, a house or a car ▪ Tax refunds, gifts, loans, lump sum inheritances, one-time insurance payments or other compensation for injury ▪ Noncash benefits such as employer-paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals and housing assistance

WIA Family Income Worksheet: Part II Annualized Income Calculation

Family Member Name: _____ Relationship to Applicant: _____

Income Review Period From: _____ To: _____

The income review period includes the 26 weeks prior to the application date.

(Application Date)

Complete this worksheet for each family member with earned income from sources listed in Part I.

Work History: Describe the family member's work history over the past 6 months.

	Employer	Start Date	End Date	# Weeks Worked During Income Review Period
1				
2				
3				

Average Pay Method: Use this method if the family member provides at least 2 pay stubs.

#	Employer	Pay Date	Gross Pay	÷	# Weeks in Pay Period *	=	Weekly Gross Income
1				÷		=	
2				÷		=	
3				÷		=	
4				÷		=	
a) Average Weekly Gross: Sum of Weekly Gross Income ÷ # of Paystubs						=	
b) Total Income: Average Weekly Gross × # Weeks Worked During Income Review Period						=	
c) Annualized Income: Total Income × 2						=	

* Pay period: weekly = 1; bi-weekly = 2; monthly = 4.3

Year-to-Date Method: Use this method if the family member provides a recent pay stub with the cumulative year-to-date gross earnings indicated on it. Note that this method cannot be used with pay stubs dated before April 1st.

Employer	Pay Date	Year-to-Date Gross Pay	÷	Year-to-Date Weeks Worked *	=	Weekly Gross Income	
			÷		=		
a) Total Income: Average Weekly Gross × # Weeks Worked During Income Review Period						=	
b) Annualized Income: Total Income × 2						=	

Intermittent Work/Other Income Method: Use this method if the family member has not had steady work with one or more employers during the review period. Note that this method must be supplemented with a self-certification detailing missing pay stubs, non-work periods and other forms of support during the income review period.

	Employer	Other Information	Start Date	End Date	Total Gross Income	
1						
2						
3						
a) Annualized Income: Sum of Total Gross Income × 2					=	

Comments/Additional Information: _____
