

CONFIDENTIAL INCOME STATEMENT

☐ PRE-AP

□ INITIAL

☐ RE-ENROLL

NAME				SSN	
ADDRESS				PHONE	
CITY			STATE		ZIP
COUNTY					
BIRTH DATE		AGE	EMERGENCY CONTACT		
CONTACT			EMERGENCY CONTACT PHONE NUMBER		
NUMBER OF FAMILY MEMBERS WHO LIVE IN THE APPLICANT/PARTICIPANT HOUSEHOLD.					
LIST FAMILY MEMBERS AND QUALIFIED DEPENDENTS AS DETERMINED BY THE WIA DEFINITION OF FAMILY.					
<div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px; float: right;"> <u>FAMILY SIZE</u> </div>					
NAME _____ RELATIONSHIP _____ AGE _____					
NAME _____ RELATIONSHIP _____ AGE _____					
NAME _____ RELATIONSHIP _____ AGE _____					

FORMER TITLE V PARTICIPANTS? <input type="checkbox"/> N/A <input type="checkbox"/> SELF <input type="checkbox"/> FAMILY	DATES ENROLLED FROM _____ TO _____
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REASON LEFT

METHOD OF COMPUTING INCOME

METHOD 1 – COMPUTE ACTUAL COUNTABLE INCOME FOR 12 MONTHS PRECEDING DATE OF APPLICATION

METHOD 2 – COMPUTE ACTUAL COUNTABLE INCOME FOR 6 MONTHS PRECEDING DATE OF APPLICATION THEN MULTIPLY BY TWO (ANNUALIZE)

ANNUALIZED INCOME = TOTAL INCLUDABLE INCOME FOR THE PAST 6 MONTHS MULTIPLIED BY 2

INCLUDABLE INCOME – TABLE A

[illegible]

INCLUDABLE INCOME Cont. – TABLE A

MONTH YEAR	ALIMONY		EDUCATIONAL ASSISTANCE		TRUSTS, INTERESTS, DIVIDENDS, RENT, ETC.		OTHER INCOME <i>(Specify)</i>	
	Self	Family	Self	Family	Self	Family	Self	Family
JAN								
FEB								
MAR								
APR								
MAY								
JUNE								
JULY								
AUG								
SEPT								
OCT								
NOV								
DEC								
Sub-total								
Total								

EXCLUDABLE INCOME – TABLE B

	PUBLIC ASSISTANCE	CHILD SUPPORT	WORKERS' COMP	SSI	INHERITANCE, GIFTS, TAX RETURNS, CAPITAL GAINS	UI	SSDI	VA <i>(Education, Disability, QJT, etc.)</i>	OTHER INCOME <i>(Specify)</i>
APPLICANT									
FAMILY									
TOTAL									

TABLE A _____ TABLE B _____ \$ _____
TOTAL INCLUDABLE INCOME

ELIGIBLE ☐ YES ☐ NO

Document used to verify age

Document used to verify residence

Document used to verify family size

I certify the above information to be correct to the best of my knowledge. If any part of the information is found incorrect, I am fully aware that it could result in my immediate dismissal from SCSEP enrollment. I agree to provide documentation to substantiate this information upon request. I further agree that I will report promptly any increase in income and change in family size.

Applicant/Participant's Signature					Date
Title V Staff's Signature					Date
Director/Reviewer's Signature			Title		Date

Table I: Examples of SCSEP Income Inclusions and Exclusions

TYPE OF INCOME	INCLUDE	EXCLUDE
Wages or Salary	Yes - gross pay before deductions	
Self Employment	Yes - net income after business expenses are subtracted	
Pensions and retirement income	Yes	
Net Rent royalties, estates, trusts	Yes	
Alimony	Yes - even if periodic	
Social Security Benefits	75%	25%
Dividend Income	Yes	
Interest	Yes	
Insurance Annuities	Yes	
Lump sum inheritances, insurance payments, gambling and lottery earnings	No	Yes
Financial assistance from outside of household	Yes	No
Payments Under Indian Claims Act	Yes - Exclude \$2,000	\$2,000
Public Assistance	No	Yes
SCSEP Earnings	No	Yes
Unemployment Compensation	No	Yes
VA/Military Educational Assistance	No	Yes
Social Security Disability & VA Disability	No	Yes
Education Financial Assistance Payments (Title IV of Higher Education Act)	Yes	No
Needs-based Scholarship Assistance	Yes	No
Military Retirement/Pension	Yes	No
Non-Cash Income (food stamps, energy or food assistance, etc.)	No	Yes
Black Lung Disability Payments	No	Yes
Other Employment and Training Payments	No	Yes
Supplemental Security Income (SSI)	No	Yes
Other Income, foreign government pensions	Yes	No
Survivor Benefits	Yes	No

NOTE: This table is not all-inclusive.

2017 Income Eligibility Figures

Family Size	125%
1	\$15,075
2	\$20,300
3	\$25,525
4	\$30,750
5	\$35,975
6	\$41,200
7	\$46,425
8	\$51,650

Additional	\$5225
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