

**Attachment B**

**INCOME WORKSHEET**

**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**APPLICANT/FAMILY INCOME**

**TOTAL MEMBERS IN FAMILY:** \_\_\_\_\_ **SOURCE OF INCOME:** \_\_\_\_\_

**HOUSEHOLD INCOME (Past 6 Months)** \$ \_\_\_\_\_ **AGE:** \_\_\_\_\_

**EMPLOYMENT/OTHER** \_\_\_\_\_ **MONTHS X 2\*** \_\_\_\_\_ **INCOME: \$** \_\_\_\_\_

\_\_\_\_\_  
\*Or use 6-month income compared to 1/2 the Poverty or 70% of Lower Living Standard Level

**TOTAL NUMBER IN FAMILY UNIT:** \_\_\_\_\_

**TOTAL ANNUALIZED FAMILY INCOME: \$** \_\_\_\_\_

**TOTAL LEVEL OR 70% LOWER LIVING STANDARD FOR THIS FAMILY SIZE: \$** \_\_\_\_\_

**CERTIFICATION:** I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my place of employment or agency from which I received benefits.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CERTIFIER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_