

Monroe County/ Rochester – WIOA Adult Income Eligibility Form

Income Eligibility Guidelines

- Using the “Income Sources” below, please determine your pre-tax household income for the 6 month period prior to your registration with RochesterWorks. Household income is based on family size and earnings of all family members (spouse, children, parents, etc.) living in the same residence. Individuals with approved disabilities may be determined as a family of one for purposes of income eligibility. In Question #1 below, please indicate your family size and pre-tax household income.

OR

- Recipients of Cash Welfare, Food Stamps, and Supplemental Security Income are automatically considered low-income. In Question #2 below, please indicate if you or any family member residing in your household receives public assistance benefits from the Department of Human Services. Verification of benefit is required.

Income Guidelines – based on earnings for 6 months prior to registration date

*** Income amounts are determined before taxes and other deductions are taken. Income requirements are subject to update by the NYS Department of Labor (last updated April 2016).**

Income Sources to Include or Exclude

Include For Determination	Do Not Include
• Wages, Salaries (<i>gross</i>), including Tips	• Unemployment Insurance Benefits
• Net earnings from self-employment	• Public Assistance (<i>welfare: TANF, SSI, General Assistance</i>)
• Interest & Dividends from savings & investments	• Non cash benefits (<i>Food Stamps, Housing, Medicaid</i>)
• Pension Income (<i>all types</i>)	• Lump-sum (<i>one-time</i>) Worker’s Comp
• Rental Income (<i>net</i>)	• Lump-sum (<i>one-time</i>) Insurance Awards
• Alimony	• Lump-sum Inheritance
• Lifetime Annuities/awards	• Proceeds from sale of property
• Disability Benefits (<i>except one-time lump-sum</i>)	• Child Support
• Worker’s Compensation (<i>except one-time lump-sum</i>)	• Tax Refunds
• College/university grants, aid fellowship	• Loans
• Military Family Allotments	• Gifts
	• Pell Grants or Federal Work Study
	• Active Duty Pay for Veterans

- Total family members in household: _____
Total (pre-tax) household income for the 6 months prior to your application: \$ _____ per _____ (please circle: year, month, week)

OR

- I am a member of a family that received the following public assistance benefits in the 6 months prior to application:
(Please list benefits and provide documentation)

I attest that the information provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may disqualify me for future WIOA benefits. All information is subject to verification and other documentation may be required.

Signature _____ Date _____