**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, SNAP (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 US Department of Labor (last updated April 30, 2020).**

***Income Sources to Include or Exclude***

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

1. Total family members in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total (pre-tax) household income for the 6 months prior to your application: $\_\_\_\_\_\_\_\_\_\_\_\_\_per\_\_\_\_\_\_\_\_\_\_\_\_\_ (please circle: year, month, week) \* Please let staff know how much of this income is from unemployment insurance benefits and/or child support.

OR

2. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_