



# YOUTH@WORK INCOME DETERMINATION FORM



Income Determination Period \_\_\_\_\_ to Eligibility Determination Date \_\_\_\_\_  
(The 6-month period immediately prior to the eligibility determination date)

## FAMILY INCOME WORKSHEET

Names of family members living in household	Relationship to applicant	Age	Income Type	*PERIODS: Indicate Complete Dates (i.e.: 02/23/2022 - 03/22/2022)						Total Gross Income (6 Mos.)
				Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
				Amount	Amount	Amount	Amount	Amount	Amount	
	<i>Applicant</i>									\$
										\$
										\$
										\$
										\$
										\$
										\$
<b>FAMILY SIZE</b> _____				<b>TOTAL GROSS INCOME: (6 months):</b>						\$

\*Under "Periods" columns indicate:  
1) Period of Month 2) Dollar amounts of income per month

Household 6 Month Salary for 70% LLSIL is as follows:  
Family of 1: \$ 6,346 | Family of 2: \$10,399 | Family of 3: \$14,277 | Family of 4: \$17,625

**Meets Income Requirement:**  Yes  No

### Applicant Certification:

*I hereby certify under penalty of perjury that the information on this form is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate program termination and/or penalties as specified by law.*

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Staff Certification

*I certify that the individual whose signature appears above provided the information recorded on this form.*

Staff Name \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_