

INCOME CALCULATION OF LAST 6 MONTH'S FAMILY INCOME (OPTIONAL FORM)

This form is not needed if the applicant/family is currently receiving public assistance or received food stamps within the last six months. The form's purpose is to show how income was calculated.

Date of Application: _____ Date Six Months Previous to Application: _____

#1 Name: _____ Relationship to Applicant: SELF

Source of Income: _____ Income is Includable: _____ Income is Excludable: _____

TOTAL INCOME FOR THE LAST SIX MONTHS: _____

(Use a separate sheet to list all employers and gross income by month)

#2 Name: _____ Relationship to Applicant: _____

Source of Income: _____ Income is Includable: _____ Income is Excludable: _____

TOTAL INCOME FOR THE LAST SIX MONTHS: _____

(Use a separate sheet to list all employers and gross income by month)

#3 Name: _____ Relationship to Applicant: _____

Source of Income: _____ Income is Includable: _____ Income is Excludable: _____

TOTAL INCOME FOR THE LAST SIX MONTHS: _____

(Use a separate sheet to list all employers and gross income by month)

Add Includable Income for last six months: #1 _____

#2 _____

#3 _____

TOTAL INCOME LAST SIX MONTHS: _____ FAMILY SIZE: _____

AMOUNT ALLOWED/PRIORITY: _____ Circle Priority - 1, 2 or (4) Self Sufficiency)

_____ *Does Meet Income Guideline*

_____ *Does NOT Meet Income Guideline*

- **Use separate sheet to list each job (employer, job title, start & end date, wage/hour, hours/week).**
- **File this and proof of income under the Eligibility & Priority of Service Verification Form**
- **Indicate which income guideline is met on the Eligibility & Priority of Service Verification form.**
- **Check the Income Guidelines each year for updates**