

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

FAMILY INCOME

We will likely ask you to provide proof of income before we award you Workforce Solutions financial aid. Complete a worksheet for **EACH** household family member, including you, who has a source of income. Complete all lines that apply to you.

List all your own gross income.

Name : _____

Income Source	Income Received in the Most Recent 26 weeks	Income Received in the Most Recent Complete Month
Gross Wages/Salary		
Self-Employment Income		
Regular Social Security Payments		
Workers' Compensation		
Other Disability Payments		
Interest/Dividends		
Railroad Retirement		
Other Pensions/Retirement Income Including 401(k) Early Withdrawals		
Other Included Income		
Child Support		
Public Assistance		
Unemployment Insurance Benefits		
WIA Payments		
Capital Gains/Losses		
One-time Cash Payment Including Lottery Payments Over \$600		
Veterans Active Duty		
Payment in Lieu of TANF		
Payment from Home Sale		
Auto Accident Payment		
Social Security Disability Income (SSDI)		
Total		

The information submitted here is complete and accurate to the best of my knowledge.

Signature: _____

Date: ____ / ____ / ____

Print Name: _____

WFS Staff Name: _____