

FAMILY INCOME (Title 1 Adult and Youth)

PARTICIPANT:

- Receiving public assistance (TANF, SNAP, free/reduced lunches, etc.). Completion of Form **NOT** required.
- Have other sources of income, below Form must be completed.

INCLUDABLE INCOME	EXCLUDABLE INCOME
Wages or Salary _____	Public Assistance (TANF/FS) _____
Self-Employment/Farm Wage _____	Supplemental Security Income (SSI) _____
Alimony _____	Other (Specify) _____
Other (Specify) _____	
Unemployment Compensation _____	TOTALS
Child Support _____	Includable Income _____
OASI-Trust Fund (SSDI) _____	Excludable Income _____

HOUSEHOLD MEMBER NAME:	AGE:	RELATIONSHIP:
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Alimony _____	Other (Specify) _____
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Unemployment Compensation _____	TOTALS
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Other (Specify) _____	
Unemployment Compensation _____	TOTALS
Child Support _____	Includable Income _____
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If no income, state how participant is living in the past six months:	Six Months Total Household Includable Income:
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