Process For Reviewing Applicant Income Eligibility

This is meant as a reference tool that may become outdated. Job Corps staff should always reference the most recent income guidelines before proceeding with an income eligibility determination.

Step 1: Public Assistance, Foster Child, or Homeless

Per the definitions and required documentation outlined in PRH Exhibit 1-1 and Appendix 101, if an applicant (or his or her family) receives Public Assistance, is a Foster Child, or is Homeless, he or she is automatically considered low income-eligible. If this does not apply, continue to the Review of Earned Income below (Step 2).

Step 2: Review of Earned Income

If the applicant does not meet one of the conditions above, the Admissions Counselor (AC) must complete an income verification. The applicant's reported income must be compared with the higher of either the current Poverty Guidelines, published by the Department of Health and Human Services, or 70 percent of the current Lower Living Standard Income Levels, published by the Department of Labor.

<i>A</i>)	Types	of	Allowable	Docum	entation:
------------	--------------	----	-----------	-------	-----------

	Recent	pay	stubs
--	--------	-----	-------

☐ Letter from employer confirming that the applicant's self-reported income is accurate

Note: See PRH Appendix 101 for a description of earned income (labeled Family Income) vs. excludable income, which should not be considered when determining low income eligibility.

- ☐ Phone call with employer to confirm applicant's self-reported income is accurate
- ☐ Most recent tax return or W-2 form
- ☐ Statement of support from a caseworker or public assistance personnel attesting to the applicant's status

B) Determine Applicant's Income Level and Compare to Established Guidelines

Using the documentation provided by the applicant, use the chart below as a reference on how to review applicant's low income eligibility. Enter in the monthly income for the applicant and family members on the blank earned income worksheet. Add the family's total income for each month (in the blue cells), total the months to determine the 6-month amount, and then annualize the amount by multiplying by 2. Compare the annualized income level to the selected income level on the reverse side. Finally, record the family size in the last cell of the chart.

	Applicant's Income*	Additional Family Income*	Additional Family Income*	Total
Month 1	\$ 213	\$1,256	0	\$1,469
Month 2	\$ 213	\$1,256	0	£1,469
Month 3	\$ 213	\$1,256	0	\$1,469
Month 4	<i>B</i> 213	B1,256	0	\$1,469
Month 5	\$ 213	\$1,256	0	\$1,469
Month 6	\$ 213	\$1,256	0	£1,469
		Total 6 Mont	hs (total of blue cells)	\$8,814
	Annualize	d Amount** (figure a	above multiplied by 2)	\$17,628*
Fill in Higher An	nount of Poverty	Guidelines or LLS	SIL (see income chart)	£19,693
			Family Size	3

Family means persons living in a single residence who are related by blood, marriage, or decrees of court and are included in one or more of the following categories: (1) a husband, wife, and dependent children; (2) a parent or guardian and dependent children; and (3) a husband and wife. A step-child or step-parent is considered to be related by marriage.

^{*}The annualized income amount is entered into OASIS as the verified earned income.





	Example is . Ouachita, AR, i		*	Step 1: In the A-blu	select the column th	to the applicant's fa	select the row that r	area of the applican	address, to give you	Living Standard Inc.	the applicant	ure appineant.		Step 2: In the B-gr	select the column the	to the applicant's fa	select the row that r	area of the applicar	address, to give you	Department of Heal	Services 2013 Pove	tor the applicant.		Compare the applica	documented annual	the fingler of the two			If the applicant's inc	than the selected inc	applicant is low inco	11		If the onnlicent's in	in the selected inc	annlicant is low inco	applicant is low inc		A-70% of 2	B-2013 Pover
	For each addtl. family	member, add				\$ 4,925	\$ 4,921	\$ 4,862	\$ 5,550		\$ 6,572	\$ 6,742	\$ 7,136	\$ 7,200	\$ 6,726	\$ 4,620	\$ 6,189	\$ 5,272	\$ 4,985	\$ 5,236	\$ 4,665	\$ 5,223	\$ 4,892	\$ 7,266			\$ 5,842	\$ 4,972		\$ 6,130	\$ 5,553		\$ 6,353	\$ 5,968			\$ 6,234	\$ 4,020	\$ 5,030	\$ 4,620
		2	\$34,079	\$ 32,553	\$30,061	\$ 29,069	\$ 29,025	\$ 28,689	\$32,715	\$31,718	\$38,754	\$ 39,793	\$ 42,080	\$ 42,482	\$39,726	\$ 27,268	\$ 36,540	\$31,097	\$ 29,418	\$30,918	\$ 27,544	\$30,800	\$ 28,878	\$ 42,835	\$ 26,526				\$ 29,418	\$36,122	\$32,794	\$ 35,929	\$37,474	\$35,196	\$35,571	\$27,874	\$ 36,782	\$27,510	\$34,470	\$ 31,710
ily of		4	\$ 28,875	\$ 27,583	\$ 25,475	\$ 24,628	\$ 24,592	\$ 24,311	\$ 27,724	\$ 26,875	\$ 32,839	\$33,721	\$ 35,658	\$ 36,000	\$ 33,660	\$ 23,106	\$ 30,962	\$ 26,349	\$ 24,927	\$ 26,198	\$ 23,337	\$ 26,100	\$ 24,472	\$ 36,300	\$ 22,476	\$ 23,983	\$ 29,185	\$ 24,865	\$ 24,926	\$ 30,612	\$ 27,786	\$ 30,443	\$31,754	\$ 29,824	\$ 30,142	\$ 23,619	\$31,165	\$ 23,550	\$ 29,440	\$ 27,090
Family		က	\$ 23,391	\$ 22,349	\$ 20,635	\$ 19,953	\$ 19,919	(\$ 19,693)	\$ 22,458	\$ 21,774	\$ 26,605	\$ 27,317	\$ 28,889	\$ 29,162	\$ 27,268	\$ 18,723	\$ 25,086	\$ 21,342	\$ 20,197	\$ 21,223	\$ 18,908	\$ 21,147	\$ 19,825	\$ 29,403	\$ 18,209	\$ 19,432	\$ 23,641	\$ 20,144	\$ 20,195	\$ 24,797	\$ 22,510	\$ 24,664	\$ 25,725	\$ 24,159	\$ 24,419	\$ 19,135	\$ 25,248	\$ 19,530	\$ 24,410	\$ 22,470
		2	\$17,043	\$16,280	\$15,034	\$14,534	\$14,513	\$14,349	\$16,357	\$15,859	\$19,377	\$19,896	\$21,041	\$21,245	\$19,867	\$13,635	\$18,271	\$15,552	\$14,713	\$15,464	\$13,775	\$15,404	\$14,439	\$21,418	\$13,267	\$14,153	\$17,219	\$14,673	\$14,710	\$18,065	\$16,398	\$17,968	\$18,737	\$17,602	\$17,785	\$13,941	\$18,394	\$15,510	\$19,380	\$17,850
		-	~		\$ 9,172	\$ 8,873	\$ 8,857	\$ 8,759	\$ 9,982	\$ 9,677	\$ 11,828	\$ 12,145	\$ 12,844	\$12,964	\$ 12,123	\$ 8,319	\$ 11,148	\$ 9,486	\$ 8,976	\$ 9,433	\$ 8,406	\$ 9,400	\$ 8,813	\$ 13,073	\$ 8,098	\$ 8,634	\$ 10,508		\$ 8,977	\$11,022	\$ 10,008	\$ 10,965	\$ 11,438	\$ 10,742		\$ 8,509	\$11,224	\$ 11,490	\$ 14,350	\$ 13,230
		Region or Metropolitan Statistical Area	CT ME MA NH NI NV PA BIVIVI	C 1, 1ME, 1ME, 1M1, 1M3, 1M 1, 1 C, 1M, V1, V 1	IL, IN, IA, KS, MI, MN, MO,	NE, ND, OH, SD, WI	AL, Amer. Samoa, AR, DE, DC, FL, GA	MD, Micronesia, MS, NC, TX, VA, WV	AZ, CA, CO, ID, MT, NV, NM,	OR, UT, WA, WY							la, MA/NH/ME/CT	IL/IN/WI	H/KY/IN			y, CO	; MI		zoria, TX		Orange County, CA		IN/WI	New York-Northern NJ-Long Island, NY/NJ/CT/PA	Philadelphia-Wilmington-Atlantic City, PA/NJ/DE/MD			San Jose, CA	ton, WA		DC/MD/VA/WV	locations excl. AK & HI)	ska)	waii)
		Region or Metrol	Northeast Metro	Northeast Non-Metro	Midwest Metro	Midwest Non-Metro	South Metro	South Non-Metro	West Metro	West Non-Metro	Alaska Metro	Alaska Non-Metro	Hawaii Metro	Hawaii Non-Metro	Anchorage, Alaska	Atlanta, Georgia	Boston-Brockton-Nashua, MA/NH/ME/CT	Chicago-Gary-Kenosha, IL/IN/WI		A Cleveland-Akron, OH	Dallas-Ft. Worth, TX	Denver-Boulder-Greeley, CO	Detroit-Ann Arbor-Flint, MI	Honolulu, HI	Houston-Galveston-Brazoria, TX	Kansas City, MO/KS	Los Angeles-Riverside-Orange County, CA	Milwaukee-Racine, WI	Minneapolis-St. Paul, MN/WI	New York-Northern NJ.	Philadelphia-Wilmingto	Pittsburgh, PA	San Diego, CA	San Francisco-Oakland-San Jose,	Seattle-Tacoma-Bremerton, WA	St. Louis, MO/IL	Washington-Baltimore, DC/MD/VA/WV		Poverty Guidelines (Alaska)	Poverty Guidelines (Hawaii)

that corresponds family size, and oor's 2013 Lower acome Level for represents the lue section, ant's **home** you the

cant's **home** you the ealth and Human reen section, that corresponds family size, and at represents the verty Guidelines

il income level to vo numbers. cant's

acome level, the come-ineligible. ncome is higher

acome level, the ncome is lower come-eligible.

erty Guidelines 2013 LLSIL

Job Corps Verification of Earned Income Worksheet

Instructions:

List income for the past 6 months in the appropriate box.

	Applicant's Income*	Additional Family Income*	Additional Family Income*	Total
Month 1				
Month 2				
Month 3				
Month 4				
Month 5				
Month 6				
		Total 6 Mont	ths (total of blue cells)	
	Annualize	d Amount** (figure a	above multiplied by 2)	
Fill in Higher An	nount of Poverty	Guidelines or □ LLS	SIL (see income chart)	
			Family Size	

^{*} If income is biweekly, multiply by 2 before entering it into the income fields.

You must attach one of the following documents to verify earned income:
Check One:
☐ Recent pay stubs
☐ Letter from employer confirming that the applicant's self-reported income is accurate

☐ Phone call with employer to confirm applicant's self-reported income is accurate

☐ Most recent tax return or W-2 form

Check One:

☐ LLSIL ☐ Poverty Guidelines

^{**}The annualized income amount is entered into OASIS as the verified earned income.

Process For Reviewing Applicant Income Eligibility

This is meant as a reference tool that may become outdated. Job Corps staff should always reference the most recent income guidelines before proceeding with an income eligibility determination.

Step 1: Public Assistance, Foster Child, or Homeless

Per the definitions and required documentation outlined in PRH Exhibit 1-1 and Appendix 101, if an applicant (or his or her family) receives Public Assistance, is a Foster Child, or is Homeless, he or she is automatically considered low income-eligible. If this does not apply, continue to the Review of Earned Income below (Step 2).

Step 2: Review of Earned Income

If the applicant does not meet one of the conditions above, the Admissions Counselor (AC) must complete an income verification. The applicant's reported income must be compared with the higher of either the current Poverty Guidelines, published by the Department of Health and Human Services, or 70 percent of the current Lower Living Standard Income Levels, published by the Department of Labor.

A)	Types	of Allowable	Documentation:
----	--------------	--------------	----------------

	R	Recent	pay	stubs	
--	---	--------	-----	-------	--

☐ Letter from employer confirming that the applicant's self-reported income is accurate

Note: See PRH Appendix 101 for a description of earned income (labeled Family Income) vs. excludable income, which should not be considered when determining low income eligibility.

- ☐ Phone call with employer to confirm applicant's self-reported income is accurate
- ☐ Most recent tax return or W-2 form
- ☐ Statement of support from a caseworker or public assistance personnel attesting to the applicant's status

B) Determine Applicant's Income Level and Compare to Established Guidelines

Using the documentation provided by the applicant, use the chart below as a reference on how to review applicant's low income eligibility. Enter in the monthly income for the applicant and family members. Add the family's total income for each month (in the blue cells), total the months to determine the 6-month amount, and then annualize the amount by multiplying by 2. Compare the annualized income level to the selected income level on the reverse side. Finally, record the family size in the last cell of the chart.

	Applicant's Income	Additional Family Income	Additional Family Income	Total
Biweekly Paycheck 1	\$684	0	0	\$684
Biweekly Paycheck 2	\$ 684	0	0	\$684
Biweekly Paycheck 3	\$ 684	0	0	\$684
Biweekly Paycheck 4	\$ 684	0	0	\$ 684
Biweekly Paycheck 5	\$684	0	0	\$684
Biweekly Paycheck 6	\$ 684	0	0	\$684
Biweekly Paycheck 7	\$ 684	0	0	\$ 684
Biweekly Paycheck 8	\$ 684	0	0	\$ 684
Biweekly Paycheck 9	\$684	0	0	\$ 684
Biweekly Paycheck 10	\$ 684	0	0	\$684
Biweekly Paycheck 11	\$ 684	0	0	\$ 684
Biweekly Paycheck 12	\$ 684	0	0	\$ 684
Biweekly Paycheck 13	\$ 684	0	0	\$ 684
			ths (total of blue cells)	\$8,892
	Annualize	ed Amount* (figure a	bove multiplied by 2)	\$17,784*
Fill in Higher Amour	nt of □ Poverty	Guidelines or √ LL	SIL (see reverse side)	\$ 19,693
			Family Size ¹	3

Family means persons living in a single residence who are related by blood, marriage, or decrees of court and are included in one or more of the following categories: (1) a husband, wife, and dependent children; (2) a parent or guardian and dependent children; and (3) a husband and wife. A step-child or step-parent is considered to be related by marriage.

^{*}The annualized income amount is entered into OASIS as the verified earned income.





	Example is applicant in Ouachita, AR, in a family of 3		*	Step 1: In the A-blue section.	select the column that corresponds	to the applicant's family size, and	select the row that represents the	area of the applicant's home	address, to give you the	Department of Labor 8 2013 Lower	the englisher	the applicant.		Step 2: In the B -green section,	select the column that corresponds	to the applicant's family size, and	select the row that represents the	area of the applicant's home	address, to give you the	Department of Health and Human	Services 2013 Poverty Guidelines	tot tile applicant.		Compare the applicant's	documented <i>annual</i> income level to	the higher of the two numbers.			If the applicant's income is higher	than the selected income level, the	applicant is low income-ineligible.	•		If the one livest's income is lower	II the applicant's income is rower	amlicant is low income-eligible	approant is for moone engine.		A-70% of 2013 LLSIL	R. 2013 Davorty Cuidolings
	For each	addu. ramily member, add	\$ 5,772	\$ 5,511	\$ 5,102	\$ 4,925	\$ 4,921	\$ 4,862			\$ 6,572	\$ 6,742	\$ 7,136	\$ 7,200	\$ 6,726	\$ 4,620	\$ 6,189	\$ 5,272		\$ 5,236	\$ 4,665	\$ 5,223		\$ 7,266									\$ 6,353	\$ 5,968	\$ 6,027		\$ 6,234	\$ 4,020	\$ 5,030	
		2	\$34,079	\$ 32,553	\$ 30,061	\$ 29,069	\$ 29,025	\$ 28,689	\$ 32,715	\$31,718	\$ 38,754	\$ 39,793	\$ 42,080	\$ 42,482	\$ 39,726	\$ 27,268	\$ 36,540	\$31,097	\$ 29,418	\$30,918	\$ 27,544	\$ 30,800	\$ 28,878	\$ 42,835	\$ 26,526	\$ 28,303	\$ 34,439	\$ 29,345	\$ 29,418	\$ 36,122	\$ 32,794	\$ 35,929	\$37,474	\$35,196	\$35,571	\$ 27,874	\$ 36,782	\$ 27,510	\$ 34,470	¢ 24 740
Family of		4	\$ 28,875	\$ 27,583	\$ 25,475	\$ 24,628	\$ 24,592	\$ 24,311	\$ 27,724	\$ 26,875	\$ 32,839	\$ 33,721	\$ 35,658	\$ 36,000	\$ 33,660	\$ 23,106	\$ 30,962	\$ 26,349	\$ 24,927	\$ 26,198	\$ 23,337	\$ 26,100	\$ 24,472	\$ 36,300	\$ 22,476	\$ 23,983	\$ 29,185	\$ 24,865		\$ 30,612	\$ 27,786	\$ 30,443	\$ 31,754	\$ 29,824	\$ 30,142	\$ 23,619	\$ 31,165	\$ 23,550	\$ 29,440	0100
Fami		က	\$ 23,391	\$ 22,349	\$ 20,635	\$ 19,953	\$ 19,919	(\$ 19,693)	\$ 22,458	\$ 21,774	\$ 26,605	\$ 27,317	\$ 28,889	\$ 29,162	\$ 27,268	\$ 18,723	\$ 25,086	\$ 21,342	\$ 20,197	\$ 21,223	\$ 18,908	\$ 21,147	\$ 19,825	\$ 29,403	\$ 18,209	\$ 19,432		\$ 20,144		\$ 24,797	\$ 22,510	\$ 24,664	\$ 25,725	\$ 24,159	\$ 24,419	\$ 19,135	\$ 25,248	\$ 19,530	\$ 24,410	¢ 22 470
		2	\$17,043	\$16,280	\$15,034	\$14,534	\$14,513	\$14,349		\$15,859	\$19,377	\$ 19,896	\$21,041	\$ 21,245	\$19,867	\$13,635	\$18,271	\$15,552	\$14,713	\$15,464	\$13,775	\$15,404	\$14,439	\$21,418	\$13,267	\$14,153	\$17,219	\$14,673	\$14,710	\$18,065	\$ 16,398	\$17,968	\$18,737	\$17,602	\$17,785	\$13,941	\$18,394	\$15,510	\$ 19,380	¢ 47 050
		-	\$ 10,399	\$ 9,932	\$ 9,172	\$ 8,873	\$ 8,857	\$ 8,759	\$ 9,982	\$ 9,677	\$ 11,828	\$ 12,145	\$ 12,844	\$ 12,964	\$ 12,123	\$ 8,319	\$11,148	\$ 9,486	\$ 8,976	\$ 9,433	\$ 8,406	\$ 9,400	\$ 8,813	\$ 13,073	\$ 8,098	\$ 8,634	\$ 10,508	\$ 8,952	\$ 8,977	\$ 11,022	\$ 10,008	\$ 10,965	\$ 11,438	\$ 10,742	\$ 10,858	\$ 8,509	\$11,224	\$ 11,490	\$ 14,350	42 220
		Region or Metropolitan Statistical Area	Northeast Metro	Northeast Non-Metro CT, ME, MA, NH, NJ, NY, PA, RI, VI, VT	Midwest Metro II., IN, IA, KS, MI, MN, MO,	Midwest Non-Metro NE, ND, OH, SD, WI	South Metro	South Non-Metro MD, Micronesia, MS, NC, TX, LA, Marsh. Isl., MD, Micronesia, MS, NC, TN, TX, VA, WV	West Metro AZ. CA. CO. ID. MT. NV. NM.	1etro	Alaska Metro	Alaska Non-Metro	Hawaii Metro	Hawaii Non-Metro	Anchorage, Alaska	Atlanta, Georgia	Boston-Brockton-Nashua, MA/NH/ME/CT	Chicago-Gary-Kenosha, IL/IN/WI	Cincinnati-Hamilton, OH/KY/IN	Cleveland-Akron, OH	Dallas-Ft. Worth, TX	Denver-Boulder-Greeley, CO	Detroit-Ann Arbor-Flint, MI	Honolulu, HI	Houston-Galveston-Brazoria, TX	Kansas City, MO/KS	Los Angeles-Riverside-Orange County, CA	Milwaukee-Racine, WI	Minneapolis-St. Paul, MN/WI	New York-Northern NJ-Long Island, NY/NJ/CT/PA	Philadelphia-Wilmington-Atlantic City, PA/NJ/DE/MD	Pittsburgh, PA	San Diego, CA	San Francisco-Oakland-San Jose, CA	Seattle-Tacoma-Bremerton, WA	St. Louis, MO/IL	Washington-Baltimore, DC/MD/VA/WV	Poverty Guidelines (All locations excl. AK & HI)	Poverty Guidelines (Alaska)	Dogrammy Chidolinas (Hourail)

Job Corps Verification of Earned Income Worksheet

Instructions:

List income for the past 6 months in the appropriate box.

	Applicant's Income*	Additional Family Income*	Additional Family Income*	Total
Month 1				
Month 2				
Month 3				
Month 4				
Month 5				
Month 6				
		Total 6 Mont	ths (total of blue cells)	
	Annualize	d Amount** (figure a	above multiplied by 2)	
Fill in Higher An	nount of □ Poverty	Guidelines or □ LLS	SIL (see income chart)	
			Family Size	

^{*} If income is biweekly, multiply by 2 before entering it into the income fields.

□ LLSIL □ Poverty Guidelines

You must attach one of the following documents to verify earned income:
Check One:
☐ Recent pay stubs
☐ Letter from employer confirming that the applicant's self-reported income is accurate
☐ Phone call with employer to confirm applicant's self-reported income is accurate
☐ Most recent tax return or W-2 form
Check One:

^{**}The annualized income amount is entered into OASIS as the verified earned income.