

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This is meant as a reference tool that may become outdated.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:

- 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
- Statement of support from a caseworker or public assistance personnel attesting to the applicant's status

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.

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	\$ 213	\$1,256	0	\$1,469
Month 5	\$ 213	\$1,256	0	\$1,469
Month 6	\$ 213	\$1,256	0	\$1,469
Total 6 Months (total of blue cells)				\$8,814
Annualized Amount** (figure above multiplied by 2)				\$17,628*
Fill in Higher Amount of <input type="checkbox"/> Poverty Guidelines or <input checked="" type="checkbox"/> LLSIL (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 applicant in
Ouchita, 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's 2013 Lower Living Standard Income Level for 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 for the applicant.

Compare the applicant's documented **annual** income level to the **highest** of the two numbers.

If the applicant's income is higher than the selected income level, the applicant is low income-**ineligible**.

If the applicant's income is lower than the selected income level, the applicant is low income-**eligible**.

A-70% of 2013 LLSIL
B-2013 Poverty Guidelines

Region or Metropolitan Statistical Area	Family of					For each addtl. family member, add
	1	2	3	4	5	
Northeast Metro	\$ 10,399	\$ 17,043	\$ 23,391	\$ 28,875	\$ 34,079	\$ 5,772
Northeast Non-Metro	\$ 9,932	\$ 16,280	\$ 22,349	\$ 27,583	\$ 32,553	\$ 5,511
Midwest Metro	\$ 9,172	\$ 15,034	\$ 20,635	\$ 25,475	\$ 30,061	\$ 5,102
Midwest Non-Metro	\$ 8,873	\$ 14,534	\$ 19,953	\$ 24,628	\$ 29,069	\$ 4,925
South Metro	\$ 8,857	\$ 14,513	\$ 19,919	\$ 24,592	\$ 29,025	\$ 4,921
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West Metro	\$ 9,982	\$ 16,357	\$ 22,458	\$ 27,724	\$ 32,715	\$ 5,550
West Non-Metro	\$ 9,677	\$ 15,859	\$ 21,774	\$ 26,875	\$ 31,718	\$ 5,378
Alaska Metro	\$ 11,828	\$ 19,377	\$ 26,605	\$ 32,839	\$ 38,754	\$ 6,572
Alaska Non-Metro	\$ 12,145	\$ 19,896	\$ 27,317	\$ 33,721	\$ 39,793	\$ 6,742
Hawaii Metro	\$ 12,844	\$ 21,041	\$ 28,889	\$ 35,658	\$ 42,080	\$ 7,136
Hawaii Non-Metro	\$ 12,964	\$ 21,245	\$ 29,162	\$ 36,000	\$ 42,482	\$ 7,200
Anchorage, Alaska	\$ 12,123	\$ 19,867	\$ 27,268	\$ 33,660	\$ 39,726	\$ 6,726
Atlanta, Georgia	\$ 8,319	\$ 13,635	\$ 18,723	\$ 23,106	\$ 27,268	\$ 4,620
Boston-Brockton-Nashua, MA/NH/ME/CT	\$ 11,148	\$ 18,271	\$ 25,086	\$ 30,962	\$ 36,540	\$ 6,189
Chicago-Gary-Kenosha, IL/IN/WI	\$ 9,486	\$ 15,552	\$ 21,342	\$ 26,349	\$ 31,097	\$ 5,272
Cincinnati-Hamilton, OH/KY/IN	\$ 8,976	\$ 14,713	\$ 20,197	\$ 24,927	\$ 29,418	\$ 4,985
Cleveland-Akron, OH	\$ 9,433	\$ 15,464	\$ 21,223	\$ 26,198	\$ 30,918	\$ 5,236
Dallas-Ft. Worth, TX	\$ 8,406	\$ 13,775	\$ 18,908	\$ 23,337	\$ 27,544	\$ 4,665
Denver-Boulder-Greeley, CO	\$ 9,400	\$ 15,404	\$ 21,147	\$ 26,100	\$ 30,800	\$ 5,223
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Washington-Baltimore, DC/MD/VA/WV	\$ 11,224	\$ 18,394	\$ 25,248	\$ 31,165	\$ 36,782	\$ 6,234
Poverty Guidelines (All locations excl. AK & HI)	\$ 11,490	\$ 15,510	\$ 19,530	\$ 23,550	\$ 27,510	\$ 4,020
Poverty Guidelines (Alaska)	\$ 14,350	\$ 19,380	\$ 24,410	\$ 29,440	\$ 34,470	\$ 5,030
Poverty Guidelines (Hawaii)	\$ 13,230	\$ 17,850	\$ 22,470	\$ 27,090	\$ 31,710	\$ 4,620

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 Months (total of blue cells)				
Annualized Amount** (figure above multiplied by 2)				
Fill in Higher Amount of <input type="checkbox"/> Poverty Guidelines or <input type="checkbox"/> LLSIL (see income chart)				
Family Size				

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

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

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
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- Most recent tax return or W-2 form

Check One:

- LLSIL Poverty Guidelines

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A) Types of Allowable Documentation:

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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
Total 6 Months (total of blue cells)				\$ 8,892
Annualized Amount* (figure above multiplied by 2)				\$ 17,784*
Fill in Higher Amount of <input type="checkbox"/> Poverty Guidelines or <input checked="" type="checkbox"/> LLSIL (see reverse side)				\$ 19,693
Family Size ¹				3

¹Family 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.

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A

B

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