Attachment F
Family Size/Family Income

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) REQUIREMENT OF FAMILY SIZE/FAMILY INCOME

In cases where the recommended verification sources of Family Size/Family Income verification are unavailable, or the attainment of such documentation would place an undue hardship on the applicant, then the form at the end of this section may be used.

The purpose of the form is to document information that verifies the WIOA applicant’s family size at time of registration and family income during the six months (26 weeks) prior to registration. This entails verifying the size and makeup of the applicant’s FAMILY. This form is necessary only when eligibility is based on FAMILY INCOME.

The applicant completes the Statement of Family Size/Family Income with the assistance of WIOA intake staff to ensure it is completed correctly. The applicant then has the form signed by a witness who can corroborate the given information.

Family – two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are included in one or more of the following categories:

(A) a husband, wife, and dependent children.
(B) a parent or guardian and dependent children.
(C) a husband and wife.

For purposes of this guidance, the definition of family and the phrase “husband and wife” includes same-gender married couples.

Consistent with the Supreme Court’s Windsor decision and with ETA’s policy of treating all individuals equally, regardless of sexual orientation, ETA interprets gender specific terms of marriage such as “widow,” “widower,” “husband,” and “wife,” to include married same-sex spouses.

A dependent child is defined as a child:
Under age 19 at the end of the previous calendar year, or
Under age 24 at the end of the previous calendar year and was a student.

A dependent child was a student if he or she:
was enrolled as a full-time student at a school during any 5 months of the previous calendar year or took a full-time, on-farm training course during any 5 months of the previous calendar year. The course had to be given by a school or a state, county or
local government agency. A school includes technical, trade and mechanical school. It does not include an on-the-job training course, correspondence school or school offering courses only through the Internet.

In applying the definition of family, runaway youth, emancipated youth and court-adjudicated youth separated from the family through involuntary temporary residence elsewhere (for example institutionalized, incarcerated, or placed as a result of a court order) shall not be classified as dependent children.

A disabled person, whose family does not meet the income criteria, is considered low income if the person’s own income, separate from the household’s, meets the income eligibility guidelines.

**Family Income** – for the purpose of determining WIOA income eligibility, list the total income received by you and members of your family from (1) gross wages and salaries before deductions; (2) net self-employment income (gross receipts minus operating expenses); and (3) other money income from sources such as net rents, social security, pensions, alimony, government and armed forces retirement payments, insurance policy annuities and other sources of periodic income.

**Inclusions for Family Income**

1. **Gross wages and salaries before deductions:** Total money earnings received from work performed as an employee. If a family’s only source of income was from wages and salary payments, family income would be equal to gross wages and salary received.

2. **Income from non-farm self-employment:** Net income (gross receipts minus operating expenses) from a business or other non-farm enterprise in which a person is engaged on his/her own account. If the business or enterprise has suffered a loss, this loss will be allowed to offset wage earnings.

3. **Income from farm self-employment:** Net receipts from farm self-employment (receipts from a farm which operates as an owner, renter or sharecropper after deductions for farm operating expenses). If the farm has suffered a loss, this loss will be allowed to offset wage earnings. Money received under the Agricultural Crop Stabilization Program is considered income.

4. **WIOA and Title V Older Americans Act Program Participation:** Wages paid to participants in WIOA OJT and the Title V Older Americans Program placements count as income.

5. **Social Security Disability Insurance (SSDI):** pays benefits to you and certain members of your family if you are “insured” meaning that you worked long enough and paid Social Security taxes.

6. **Money received from such sources:**
   - Net rents;
   - Governmental and non-governmental pensions;
   - Railroad retirement benefits;
   - Strike benefits from union funds;
   - Worker’s compensation;
   - Training stipends;
- Alimony;
- Military family allotments or other regular support from an absent family member or someone not living in the household; (except for military payments indicated below which are excluded from family income calculations)
- Regular insurance or annuity payments;
- College or university scholarships, grants (excluding Pell grants), fellowships, and assistantships;
- Dividends and interest;
- Net royalties;
- Periodic receipts from estates and trusts; and
- Net gambling or lottery winnings.

**Exclusions for Family Income**

1. Unemployment Compensation;
2. Child support payments;
3. Old age and survivors’ insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)
4. **Military Pay or Allowances**: Are there special rules that apply to veterans when income is a factor in eligibility determinations? (Sec. 667.255) Yes, under 38 U.S.C. 4213, when past income is an eligibility determinant for Federal employment or training programs, any amounts received as military pay or allowances by any person who served on active duty, and certain other specified benefits must be disregarded. This applies when determining if a person is a “low-income individual” for eligibility purposes (for example, in the WIOA youth, Job Corps or NFJP programs) and applies if income is used as a factor in applying the priority provision under 20 CFR 663.600 when WIOA adult funds are limited. Questions regarding the application of 38 U.S.C. 4213 should be directed to the Veterans Employment and Training Service.

US Code: Title 38, Section 4213. Eligibility requirements for veterans under Federal employment and training programs:

Any (1) amounts received as pay or allowances by any person while serving on active duty, (2) period of time during which such person served on such active duty, and (3) amounts received under chapters 11, 13, 30, 31, 35, and 36 of this title by an eligible veteran, any amounts received by an eligible person under chapters 13 and 35 of such title, and any amounts received by an eligible person under chapter 106 of title 10, shall be disregarded in determining eligibility under any public service employment program, any emergency employment program, any job training program assisted under the Economic Opportunity Act of 1964, any employment or training program carried out under **Title I of the Workforce Innovation and Opportunity Act**, or any other employment or training (or related) program financed in whole or in part with Federal funds.

Title 38:

Chapter 11 - Compensation for Service-Connected Disability or Death
Chapter 13 - Dependency and Indemnity Compensation for Service-Connected Deaths
5. Federal non-cash benefits such as: Medicare, Medicaid, SNAP, school lunches and housing assistance;
6. Capital gains and losses;
7. Assets drawn down as withdrawals from a bank;
8. Public Assistance payments: Payments received under TANF (Temporary Assistance to Needy Families), Supplemental Security Income, Refugee Cash Assistance;
9. The sale of property, house, or an automobile;
10. Tax refunds;
11. One-time gifts;
12. Loans;
13. Lump-sum inheritances;
14. One-time insurance payments, or compensation for injury;
15. Cash value of employer-paid or union-paid portion or health insurance or other employee fringe benefit;
16. Cash value of food or housing received in lieu of wages;
17. Cash value of food and fuel produced and consumed on farms;
18. Imputed value of rent from owner-occupied non-farm or farm housing;
19. Amounts received as pay or allowances by any person while serving on active duty;
20. Payments received under the Trade Readjustment Act of 1974;
21. Black Lung payments received under the Benefits Reform Act of 1977;
22. Needs-based scholarship assistance;
23. Financial assistance under Title IV of the Higher Education Act, i.e., PELL Grants, BEOG Grants, Federal Supplemental Educational Opportunity Grants and Federal Work Study, PLUS, Stafford and Perkins loans like any other kind of loan are debt and not income.
24. Terminal leave pay: Severance pay or a cash out of accrued vacation leave;
25. Stipends received in the following programs: Peace Corps, Senior Corps and AmeriCorps Programs;
26. Foster care payments.

NOTE: When a federal statute specifically provides that income or payments received under such statute shall be excluded in determining eligibility for the level of benefits received under any other federal statute, such income or payments shall be excluded in WIOA eligibility determination.
Instructions for Completing
“WORKFORCE INNOVATION AND OPPORTUNITY ACT STATEMENT OF FAMILY SIZE/FAMILY INCOME”

IDENTIFYING INFORMATION

Complete this block with the WIOA applicant’s name, address, social security number and application date.

FAMILY MEMBERS NAME/RELATIONSHIP TO APPLICANT/FAMILY MEMBER INCOME

- List the names of all FAMILY MEMBERS living in the applicant’s residence on the date of registration.
- Indicate the relationship of each FAMILY MEMBER to the applicant.
- Indicate the income during the last six months (26 weeks) of each FAMILY MEMBER living in the applicant’s residence on the date of registration.
- Complete the block Total Number in Family.
- Complete the block Total Income (if applicable).

NAME/LOCATION/REASON

- List the names of any FAMILY MEMBERS not currently residing in the applicant’s residence.

This includes any FAMILY MEMBER not currently living in the residence but would be considered a part of the applicant’s family. These absences may be due to temporary and voluntary residence elsewhere, for example attending school or college or visiting relatives. This does not include involuntary temporary residence elsewhere, for example incarceration or placement as a result of a court order. Members of the Armed Forces on extended temporary assignment elsewhere are considered to be assigned involuntarily and are not considered part of the applicant’s FAMILY.

- State the location of the absent family member.
- State the reason for the absence. Include whether the absence is voluntary or involuntary and if it is temporary or permanent.

The applicant must sign and date the form.

A corroborating witness must sign and date the form attesting to the accuracy of the given information. The corroborating witness may live in or out of the residence, and may or may not be related to the applicant. The witness must have verifiable knowledge of the applicant’s FAMILY STATUS.
WORKFORCE INNOVATION AND OPPORTUNITY ACT
STATEMENT OF FAMILY SIZE/FAMILY INCOME

IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
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<tr>
<td>Address</td>
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<tr>
<td>Social Security Number</td>
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<td>Application Date:</td>
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For use in completing this form, the definitions of FAMILY and FAMILY INCOME can be found on the previous page.

Please provide information regarding the applicant’s FAMILY as requested below.

<table>
<thead>
<tr>
<th>FAMILY MEMBER’S NAME</th>
<th>RELATIONSHIP TO APPLICANT</th>
<th>FAMILY MEMBER INCOME (Last Six Months)</th>
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<tr>
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<tr>
<td>Total Number in Family:</td>
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<td>Total Income:</td>
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If applicable, please complete the following information for FAMILY MEMBERS not currently residing in the applicant’s residence (see instructions).

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<th>NAME</th>
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I attest to the best of my knowledge that the information above is true and correct.

_________________________  ______________________
Signature of Applicant     Date

CORROBORATING WITNESS – I attest to the best of my knowledge that the information is true and correct.

Name ___________________________ Signature ___________________________ Date ______

Street Address ___________________________ City _____________ State ____ Zip____

Telephone Number __________________ Relationship to WIOA Applicant _______________