

## Workforce Connections, Inc. Workforce Innovation & Opportunity Act (WIOA) Application

**Please Print Clearly in Ink. Thank You!**

Last Name	First Name	Social Security Number	Date
Alternate Contact (not living with you)		Relationship	Contact Telephone Number
Alternate Contact (not living with you)		Relationship	Contact Telephone Number

### HOUSEHOLD MEMBERS

**Please list below every person living in your home at any one time during the last six months.** This information will be used to determine eligibility for program funding. The WIOA definition of 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:

- Husband, wife and dependent children.
- Parent or guardian and dependent children.
- Husband and wife.

NAME	RELATIONSHIP TO YOU	FAMILY MEMBER?	AGE	EMPLOYER/ SOURCE OF INCOME	HOURLY WAGE	HRS PER WEEK	START DATE	END DATE
	Self	Yes						

If any of your family members have had more than one job in the last 6 months, please provide additions here, or attach a separate sheet of paper

Did all of the people listed above live with you for the entire 6 months?  Yes  No

**For each type of income listed below, please write the amount your family in this household has received per month, within the last six months (Include all income from: persons related by birth, marriage or decree of court. Examples include husband, wife, dependent children, parent or guardian)**

	Per Month	Last Six Months		Per Month	Last Six Months
Gross Wages/Salary	_____	_____	Training stipends	_____	_____
Tips	_____	_____	Grants (except Pell grants)	_____	_____
Commissions	_____	_____	Fellowships or assistantships	_____	_____
Net self-employment income	_____	_____	Terminal leave pay or severance pay	_____	_____
Fees for services rendered	_____	_____	Cash out of accrued vacation leave	_____	_____
Net royalties	_____	_____	Railroad Retirement	_____	_____
Disaster Relief Employment wages	_____	_____	Pensions	_____	_____
On-the-Job Training (OJT) wages	_____	_____	Worker's Compensation	_____	_____
Military family allotments	_____	_____	Alimony payments received	_____	_____
Regular financial assistance from family/friends outside the household	_____	_____	Strike benefits from union funds	_____	_____
College or university scholarships (not needs-based)	_____	_____	Social Security Disability Insurance (SSDI) payments	_____	_____
Net rental income	_____	_____	Regular insurance or annuity payments	_____	_____
Net gambling or lottery winnings	_____	_____	Periodic receipts from estates or trusts	_____	_____
			Dividends or interest	_____	_____

## Workforce Connections, Inc. Workforce Innovation & Opportunity Act (WIOA) Application

### NEPOTISM

*"Family member" for these two questions means wife, husband, son, daughter, mother, father, sister, sister-in-law, brother, brother-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, grandmother, grandfather, aunt, uncle, niece, nephew, stepparent, or stepchild.*

Do you have a family member who is on the Workforce Connections, Inc. Board of Directors?  Yes  No

Do you have a family member who is employed by the Workforce Connections, Inc.?  Yes  No

If yes to either question, please name family member \_\_\_\_\_

1. I certify that the information on this form is true to the best of my knowledge.
2. I agree to allow the release of information on this form for any verification check and/or employment assistance activity to partner agencies involved in providing employment and training services.
3. I understand that the information may be checked and that I may have to show documents to support it.
4. I understand that WIOA funded services are not guaranteed and I do not have legal or entitlement rights to such services.
5. I have received a copy of the Rights and Responsibilities and Grievance Procedures.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### FOR WORKFORCE CONNECTIONS STAFF USE ONLY

#### GENERAL ELIGIBILITY DOCUMENTATION VERIFICATION

##### Social Security

Number \_\_\_\_\_ Document \_\_\_\_\_

Age \_\_\_\_\_ Document Type \_\_\_\_\_ Document Number \_\_\_\_\_ DOB \_\_\_\_\_

##### Citizenship

See List of Acceptable Documents (on IRS Form I-9). List one document from List A or one from Lists B and C.

	List A	List B	List C
<b>Document Title</b>	_____	_____	_____
<b>Issuing Authority</b>	_____	_____	_____
<b>Document Number</b>	_____	_____	_____
<b>Expiration Date</b>	_____	_____	_____

#### SELF-SUFFICIENCY (Please fill out the Self-Sufficiency form and place in the participant file)

Is applicant self-sufficient?  Yes  No

#### PREVIOUS 6-MONTHS INCOME

WIOA Participant Employment Information to determine Low Income Status worksheet is attached

#### ENROLLMENT PROGRAM AND ENROLLMENT DATE

- Adult Program Enrollment Date \_\_\_\_\_
- Regular Dislocated Worker Enrollment Date \_\_\_\_\_
- Special Response Grant Enrollment Date \_\_\_\_\_
- National Emergency Grant Enrollment Date \_\_\_\_\_

For all dislocated workers, you must have a layoff letter and Unemployment Insurance documentation.