

PY 2003- PY 2004 Income Eligibility

1. Name _____ 2. Date _____
3. SSN _____ 4. Family Size _____
5. Public Assistance _____ If yes, type SSI _____ AFDC _____ Other _____
6. Income Eligibility

Source of Income	Applicant	Spouse	Family	TOTALS
Earnings				
Income (not applicant)				
Social Security (Not SSI)				
Retirement/Disability				
OASI – Payment to surviving spouse				
Rental Income (Net)				
Alimony (Not child support)				
Other				
TOTAL FAMILY INCOME				

Eligibility Level – Maximum amount per family size: _____

Applicant Certification:

I declare the information reported on this statement, to the best of my knowledge and belief, true, correct and complete.

SIGNATURE OF APPLICANT _____ Date _____

Applicant is eligible for re-certification in the Title V Program _____ Yes _____ No

Reason (s) for ineligibility _____

Dorothy Gutierrez
SCSEP Administrator

Date _____