

**NEXTGEN PROGRAM**

# LOW-INCOME VERIFICATION FORM

<b>Applicant Name:</b>	<b>Last 4 SSN:</b>	
<b>DOB:</b>	<b>Gender:</b>	<b>Age:</b>

**This form must be filled out by NextGen Service Provider (NGSP) case management staff.**

Complete this form if

- You are determining this applicant's WIOA eligibility, and
- The applicant must show low-income verification to be determined eligible.

**WIOA barrier requiring low-income verification (select one ONLY):**

- ☐ The Applicant does not qualify under other WIOA barriers, has received a HSD or GED, and has been determined BSD or ELL.
- ☐ The Applicant only qualifies under the Requires Additional Assistance Policy and has provided a verification document to support this qualification.
- ☐ The Applicant has been determined a WIOA In-school youth.

**WIOA qualification for low-income determination (select one ONLY):**

**\*\*Verifying document must be attached when uploaded to complete this form.**

- ☐ Applicant currently receives Food Stamp (SNAP), TANF, or SSI benefits.
- ☐ Applicant currently receives Foster Care benefits.
- ☐ Applicant lives in a High Poverty Area.
- ☐ Applicant receives free or reduced lunch. (ISY Only)
- ☐ Applicant is not "independent", and family is low-income. **INCOME CALCULATION REQUIRED**
- ☐ Applicant's family is over-income, but Applicant has a disability and as a "family of one" individually is low-income. **INCOME CALCULATION REQUIRED**

**List document(s) used to verify low-income:** \_\_\_\_\_

**INCOME CALCULATION**

**FAMILY COMPOSITION:** List the Applicant AND "Family" member's name(s) in the household that is used in the income calculation. This information is derived from the 'Household & Income' section of the NextGen Application.

#	Name	Relationship	SSN	Income Source	Annual Income
1		<i>Applicant</i>			
2					
3					
4					
5					
<b>Total Annualized Income</b>					

**Total Number of Family Members Used in Calculation**

**CALCULATING 6-MONTH OF INCOME BASED ON "PAY METHOD":** Determine which "Pay Method" to use, then show calculation of family income for 6 months.

➤ **Check the "Pay Method" used to determine eligibility.**

- ☐ STRAIGHT PAY METHOD: Paystubs with no variations in the wages.
- ☐ AVERAGE PAY METHOD: Paystubs with variations in the wages.
- ☐ YEAR-TO-DATE METHOD: Paystub with year-to-date gross earnings.

➤ **Show the 6-month INCOME CALCULATION for the "Pay Method" being used.**

By signing below, I am attesting that I have received all income documents and completed the calculations to determine income eligibility. I also attest that, based on the information provided, this NextGen Program Applicant is Low-Income. I affirm that all income verification documentation, including this form, will be uploaded to the WorkSource GA Portal/VOS prior to providing WIOA services.

NGSP Staff Name (print): \_\_\_\_\_

NGSP Staff Signature:  Date: \_\_\_\_\_