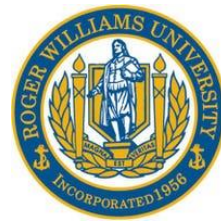


# City of East Providence and Roger Williams University Workforce Training Program

## SELF-DECLARATION OF INCOME FORM



**Applicant Name (Please Print):** \_\_\_\_\_

This is to certify the income status for the above named individual. Income sources include but are not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

I certify, under penalty of perjury, that I currently receive the following income:

**Source:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify, under penalty of perjury, that I do not have any income from any source at this time.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify, under penalty of perjury, that I am a resident of the City of East Providence residing at the following address:

**Number, Street Address:** \_\_\_\_\_

**And/Or:**

I certify, that I am an employee of the following East Providence business and therefore eligible to participate in the East Providence/Roger Williams University workforce training program:

East Providence Business Name and Address: **Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### City of East Providence Acceptance of Self-Declaration Form

**City of East Providence Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Median Income Note:** Individuals who earn up to 100% of median income are eligible to participate in this certificate training program. Family size income of up to: 1 person: \$74,200; 2 persons: \$ 84,800; 3 persons: \$95,400; 4 persons: \$106,000; 5 Persons: \$114,500; 6 persons: \$122,950; 7 persons: \$131,450; 8 persons: \$139,900.