

FAMILY INCOME AND COMPOSITION

Complete this form during times of limited funding only for **Adult eligibility**
 (Check www.atlantaregional.com/wiatraining for limited funded periods)



Names of Family Members Including Applicant	Relationship to Applicant	Age	Social Security Number	Income (From 6 months prior to date of this application)
TOTAL NUMBER OF FAMILY MEMBERS: _____				TOTAL INCOME: \$ _____ Compare this total 6 month income to the Income Chart in the Eligibility Checklist to see if you are eligible
Include any other sources of financial support such as: Unemployment, Child Support, Social Security				

Note: Falsification of Data on this form is a crime against Federal and State laws. Falsification or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to, or on behalf of, the applicant while in a training program.

Signature of Applicant

Date