Walter Fleming, Board President

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Family Income Worksheet

Child's Name: _____ Parent's Name _____

Verification Type: Tax Return_____ W2_____ Check Stubs_____ Child Support_____ SSI_____ SNAP_____

Other (you must specify): _____ Tax Return Year: _____

When families are missing any pay stubs or other documentation to prove income, programs may use the information provided to calculate total annual income by using appropriate multipliers. To do this, the program will multiply the family's income earned in a certain time period by the number of weeks or months the family worked during the time period being considered.

Weekly: Gross Amount x 4.33 x 12= Annual Income

Bi-Weekly (Every 2 weeks): Gross Amount x 2.15 x 12= Annual Income

Twice Per Month: Gross Amount x 2 x 12= Annual Income

Once Per Month: Gross Amount x 1 x12= Annual Income

_____ x _____ = _____ x 12 = _____
Gross Pay   **4.33, 2.15, 2, or 1**   **Annual Income**

_____ x _____ = _____ x 12 = _____
Gross Pay   **4.33, 2.15, 2, or 1**   **Annual Income**

_____ x _____ = _____ x 12 = _____
Gross Pay   **4.33, 2.15, 2, or 1**   **Annual Income**

_____ x _____ = _____ x 12 = _____
Gross Pay   **4.33, 2.15, 2, or 1**   **Annual Income**

Family Size	20____ POVERTY GUIDELINES	MINUS TOTAL ANNUAL INCOME	= AMOUNT BELOW POVERTY GUIDELINES	DIVIDED BY POVERTY GUIDELINES	EQUALS % BELOW POVERTY GUIDELINES	OR: % OVER GUIDELINES

_____   _____

Signature of Family Advocate   Date

_____   _____

Signature of Verifying Staff Member & Date   Signature of 2nd Verifying Staff Member & Date