Public Service Participation and Income Worksheet

Name of Participant _____

Address _____

Head of Household _____   Female Head of Household _Yes_ / _No_

Number of People in Family _____   Household type ____ 1-Single, Non-Elderly   2-Elderly   3-Single Parent   4-Two Parents   5-Other

	Person 1	Person 2	Person 3	Person 4	Person 5
Wages / Salary* (before payroll deductions)					
Net Income (from operation of a business)					
Interest / Dividends					
Social Security					
Retirement Funds					
Pensions					
Disability or Death Benefits					
Annuities					
Insurance Policies					
TOTAL (Add all items above)					

*Includes overtime, commissions, fees, tips, and bonuses.

Total Gross Income (of everyone over 18) _____

¤	¤	1·PERSON¤	2·PERSON¤	3·PERSON¤	4·PERSON¤	5·PERSON¤	6·PERSON¤	7·PERSON¤	8·PERSON¤
EXTREMELY·LOW·INCOME¤	(30%·AMI)¤	$22,200¤	$25,400¤	$28,550¤	$31,700¤	$34,250¤	$36,800¤	$39,350¤	$41,850¤
VERY·LOW·INCOME¤	(50%·AMI)¤	$37,000¤	$42,250¤	$47,550¤	$52,800¤	$57,050¤	$61,250¤	$65,550¤	$69,700¤
PROJECT·SPECIFIC¤	(60%·AMI)¤	$44,400¤	$50,700¤	$57,060¤	$63,360¤	$68,460¤	$73,500¤	$78,600¤	$83,640¤
LOW·INCOME¤	(80%·AMI)¤	$59,150¤	$67,600¤	$76,050¤	$84,500¤	$91,300¤	$98,050¤	$104,800¤	$111,550¤

⬆Calculate·AMI·for·a·more·than·9-person·household·by·adding·8%·for·each·member·over·4-person·AMI·(e.g.,·9·person·is·140%·of·4-person·AMI).¶

Percentage Area Median Income _____   30%   50%   60%   80%   _____

Use your household gross income and the table above to determine Percentage Area Median Income.

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge.
I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055.
I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

_____   _____
Client Signature   Date

_____   _____
Agency Signature   Date

Public Service Participation and Income Worksheet

	Person 1	Person 2	Person 3	Person 4
First Name				
Last Name				
Age				
Senior (62+)				
Disabled				
Race				
White				
Black / African American				
Asian				
American Indian / Alaskan Native				
Native Hawaiian / Other Pacific Islander				
American Indian / Alaskan Native **AND** White				
Asian **AND** White				
Black / African American **AND** White				
American Indian / Alaskan Native **AND** Black / African American				
Other multi-racial (list):				
Ethnicity				
Hispanic				
Not Hispanic				

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_____   Client Signature

_____   Date

_____   Agency Signature

_____   Date

Public Service Participation and Income Worksheet

	Person 5	Person 6	Person 7	Person 8
First Name				
Last Name				
Age				
Senior (62+)				
Disabled				
Race				
White				
Black / African American				
Asian				
American Indian / Alaskan Native				
Native Hawaiian / Other Pacific Islander				
American Indian / Alaskan Native **AND** White				
Asian **AND** White				
Black / African American **AND** White				
American Indian / Alaskan Native **AND** Black / African American				
Other multi-racial (list):				
Ethnicity				
Hispanic				
Not Hispanic				

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