Education, Employment, and Training Division
Stockbridge-Munsee Community
P. O. Box 70
W13447 Camp 14 Road
Bowler Wisconsin 54416
Phone: 715-793-4582 Fax: 715-793-4830
www.mohican.com/eetdept

INCOME VERIFICATION

APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name (If Applicable)

Please list all family members who reside in your household, may be filed under your federal income taxes, and their INCOME for the past 30 days (if additional space is needed please provide information on the back of this form).

Family Member's Names:	Relationship	Income (Indicate Monthly)	Source
	self	$	
		$	
		$	
		$	

Family Size: _____ **Total Household Six Months Income: $**_____

Please provide proof of the family's income (copies of check stubs, W2, direct deposit slips, statement from employer, etc.).

Any applicant who declares to have no income must initial and date below declaring that no income was received in the past 30 days; that he or she was unemployed for that period; and were supported by donations/ contributions from relatives and/ or friends. If it does not apply to you write in N/A.

I am currently unemployed and have been unemployed since _____ _____ Initial _____ Date

I had no income including unemployment benefits, child support, interest, etc. in the month of _____ _____ Initial _____ Date

Please select and provide proof if you are receiving any of the following Public Assistance services:		
Food share ☐	Free or Reduced School Lunch ☐	Energy Assistance ☐
General Assistance (GA) ☐	TANF ☐	Foster Child ☐
Other: ☐	Other: ☐	Other: ☐

CERTIFICATION

I certify that the information on this form is true and correct. I authorize the Education, Employment, and Training Department to process my application, including this form, and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education, Employment, and Training Department so it may process my application. I understand that the falsification or material omission of information shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Education, Employment, and Training Program's Handbook in relation to services provide based on my application and understand that I may have appeal rights under the Education, Employment, and Training Program's Handbook.

Applicant's Signature:	Date	EET Specialist:	Date