

PRE-REGISTRATION
WORKFORCE INNOVATION AND OPPORTUNITY ACT

Click on the blue form field next to "Name" below to start, then click the tab button to proceed to the next field. When complete, print & bring to your local CEP office

Name	
Phone Number ()	Date of Birth
Street Address or P.O.	
City	
County	
State	Zip

Social Security Number	
Your Social Security Number is required by law. It will be used to report your taxable earnings to the Internal Revenue Service and to identify your records in the WIOA management information system. It may also be used for statistical purposes and to verify your eligibility for unemployment compensation and public assistance.	
<i>PLEASE GIVE US THE NAME, ADDRESS AND PHONE NUMBER OF A FRIEND OR RELATIVE WHO CAN GET A MESSAGE TO YOU.</i>	
Name	
Phone Number	
Street Address or P.O.	
City	
State	Zip

FAMILY INCOME STATEMENT (Read the directions below)

Family Member's Names	Relationship	Age	Income Source (wages/SSI/pension/etc.)	One Month Income	Last 6 Months Income	Staff Use Only Includable Last 6 Mo. Income
	Self					
Did all of the people listed above live with you the entire 6 months?.....				Total 6 Month Income =		
Are you a foster child receiving government support?				Total Applicable Number in Family		
Are you disabled?						
If you had no income in the last six months, how were you supported?						

List as many jobs as you have space for. Most recent one first.

WORK HISTORY

Employer Name, Address & Phone #	Job Title	Start Date	End Date	Hourly Wage	Weekly Hours	Reason for Leaving

Read the following statements and sign on the line below: (If you are under 18, your parent/guardian must also sign.)

- I certify that the information in this application (including income) is true to the best of my knowledge.
- I understand that the information may be checked and that I may have to show documents to support it.
- I realize that services will be terminated if I am found to be ineligible after enrollment.
- I am aware that I may be prosecuted for fraud/or perjury if I deliberately give false information.
- I agree to allow release of information on this form for any verification check that is necessary.

Staff Use Only:

Applicant's Signature _____

Date _____

Parent/Guardian/Responsible Adult Signature _____

Date _____

FAMILY INCOME STATEMENT INSTRUCTIONS

COLUMN 1 List the FAMILY MEMBERS NAME of every person (including yourself) who lived in your household at any time during the last six months AND any other family member who does not live with you, but who you claimed as a dependent on last year's tax return.

COLUMN 2 & 3 List each person's RELATIONSHIP to you and their AGE.

COLUMN 4 List each person's INCOME SOURCE (if any) from the list below.

<u>WAGES (before deductions)</u> <input type="checkbox"/> Job <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> Military <input type="checkbox"/> Other Employment <input type="checkbox"/> Other: _____	<u>SELF EMPLOYMENT (after expenses)</u> <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Commissions <input type="checkbox"/> Other <u>PUBLIC ASSISTANCE</u> <input type="checkbox"/> AFDC <input type="checkbox"/> SSI <input type="checkbox"/> RNIP <input type="checkbox"/> General Relief/Work Relief <input type="checkbox"/> Foster Child <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other: _____	<u>PRISONER PAY</u> <input type="checkbox"/> Institution Assignment <input type="checkbox"/> Gate Pay <u>FARM PAYMENTS</u> <input type="checkbox"/> Soil Bank <input type="checkbox"/> Other: _____ <u>FAMILY ASSISTANCE</u> <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Allowances <input type="checkbox"/> Other: _____	<u>COMPENSATION</u> <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Other Unemployment Compensation <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other Disability Benefits <input type="checkbox"/> Death Benefits <input type="checkbox"/> Trade Adjustment Payments <input type="checkbox"/> Other: _____ <u>STUDENT BENEFITS</u> <input type="checkbox"/> Scholarships/Grants <input type="checkbox"/> G. I. Bill <input type="checkbox"/> Student Loans <input type="checkbox"/> Other: _____	<u>MISCELLANEOUS</u> <input type="checkbox"/> Personal Retirement <input type="checkbox"/> Terminal Leave Pay <input type="checkbox"/> Interest <input type="checkbox"/> Dividends <input type="checkbox"/> Rent Receipts <input type="checkbox"/> Gifts/Inheritance <input type="checkbox"/> V. A. Benefits <input type="checkbox"/> Accident/Health Insurance <input type="checkbox"/> Income Continuation Plan <input type="checkbox"/> Food/Lodging <input type="checkbox"/> Capital Gains, Losses <input type="checkbox"/> Other: _____
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COLUMN 5 List the CURRENT MONTH INCOME received from each source listed in Column 4.

COLUMN 6 List the LAST 6 MONTHS INCOME received during the last 6 months from each source in Column 4.

COLUMN 7 STAFF USE ONLY: please leave this column blank.

*****Eligibility for most WIOA programs is based on the six requirements listed below.

Before you are enrolled, or at some time after you are enrolled, you may have to provide proof that you met eligibility requirements.

1. U.S. Citizenship, or documentation to work in the U.S.
IF YOU ARE NOT A CITIZEN, YOU WILL BE ASKED TO SHOW YOUR ALIEN REGISTRATION CARD.
2. Residence in the area where you were enrolled.
YOU MAY BE ASKED TO PROVIDE IDENTIFICATION THAT SHOWS YOUR CURRENT ADDRESS.
3. Age (14 – 21 for youth programs, 18+ for adult programs)
YOU MAY BE ASKED TO SHOW A BIRTH CERTIFICATE, DRIVER'S LICENSE OR SCHOOL RECORDS THAT SHOW YOUR AGE.
4. Economic Status (low family income, receiving public assistance or food stamps, foster child, or disabled adult low income).
YOU MAY BE ASKED TO PROVIDE PROOF OF INCOME SUCH AS WAGE STATEMENT FOR LAST SIX MONTHS, SELF EMPLOYMENT RECORDS, OR COPY OF PUBLIC ASSISTANCE CERTIFICATION.
5. Registration under the Selective Service Act if it applies to you (males only).
YOU MAY BE ASKED TO SHOW YOUR REGISTRATION CARD IF YOU HAVE ONE, OR IF YOU HAVE REGISTERED AND HAVE NOT YET RECEIVED YOUR CARD, YOU MAY BE ASKED TO SIGN A STATEMENT THAT YOU HAVE REGISTERED, INCLUDING DATE AND PLACE.
6. Layoff or termination from job and either currently receiving, or were receiving but exhausted, unemployment benefits.
YOU MAY BE ASKED TO SHOW YOUR UNEMPLOYMENT COMPENSATION RECORD CARD.