



## Economic Eligibility Documentation Checklist and Income Guidelines

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Partner Agency: \_\_\_\_\_ Date of Application: \_\_\_\_\_

<b>ELIGIBILITY CRITERIA</b>	<b>ACCEPTABLE DOCUMENTATION</b> <i>(Note: Checking only one box in either category with accompanying documentation is required)</i>
<p><b>Low Income Status:</b> Based on automatic criteria.  <b>TANF</b> (receiving cash benefits) <b>SSI, Foster Child, Homeless</b> (Documentation must be current).  <b>Food Stamp Recipient</b> (Within the last six months)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cash Welfare (<b>TANF payments</b>): Medical Card indicating Cash Payment <b>OR</b> Public Assistance Records/Printout <b>OR</b> Copy of Public Assistance Check</li> <li><input type="checkbox"/> Cash Welfare status of supporting family member: Medical Card indicating Cash Payment <b>OR</b> Public Assistance Record Printout <b>AND</b> a letter of support from the welfare recipient family member</li> <li><input type="checkbox"/> Food Stamp Recipient: Authorization Letter <b>OR</b> Public Assistance Records <b>OR</b> Food Stamp Receipt</li> <li><input type="checkbox"/> WIOA Participant: Printout of Career Connect WIOA Application</li> <li><input type="checkbox"/> Resident of Public Housing or Voucher Holder: letter from Housing Authority</li> <li><input type="checkbox"/> Recipient of School Lunch Program: Letter from School</li> <li><input type="checkbox"/> Social Security (<b>SSI</b>): Social Security Award Letter <b>OR</b> Printout from Social Security</li> <li><input type="checkbox"/> Other: (<b>Requires prior approval from The Partnership</b>)</li> </ul>
<p><b>Low-Income Status:</b> Based on income calculation for the "FAMILY"  <b>Income to be documented and calculated for total income.</b>  <b>* Reference the Illinois Benefit Information System (IBIS) Fact Sheet</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual's (or Family's) income is below 200% of the Federal Poverty Level and is documented using the process described below.</li> </ul> <p><b>Utilize tables below and Income Worksheet (Attachment #16) to calculate family income to certify. Check and document each income category the participant will receive:</b></p> <ul style="list-style-type: none"> <li>- Gross Wages/Salary: Employer Statement OR Pay Stub(s) OR Income Tax Forms</li> <li>- Self-Employed Income: Income Tax Forms (for a business) OR Letter from Employer OR Personal Statement</li> <li>- Social Security Disability Insurance (SSDI): Award Letter OR Form SSA-1099 OR Printout from SSA</li> <li>- Financial Support by Family Member(s) (Based on WIA Definition of Family): Letter of Support <b>AND</b> Check Stub OR other document from individual providing support e.g., IBIS</li> <li>- Pensions: Check Stub OR Letter from the Pension Board</li> <li>- Rental Income: Income Tax Returns OR Property Deed</li> <li>- Insurance Annuities: Check Stub from Insurance Company OR Insurance Statement - Alimony: Copy of Alimony Check OR Court Decree OR Letter from Ex-spouse - Applicant Statement</li> </ul>





Use these tables with the Income Worksheet when documenting eligibility based on individual or family income.

Size of Family Unit	200% Poverty Level
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380

For family units with more than six members, add **\$10,858** for each additional family member.

Month of Application	Six Months Prior to the Month of Application
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June
<p><b>These guidelines are in effect: From: August 31, 2022 to: Continuing</b></p>	

