



2024-2025 Income Eligibility Self-Attestation Form

Applicant Name:

Date of Birth:

Address:

I certify that I and my household meet the income eligibility guidelines for the YouthWorks Program. Complete section A or B to provide support for this statement.

I certify that I meet the eligibility guidelines of the YouthWorks Program, as an individual who identifies with one of the following categories and can provide documentation:

Identify as a LGBTQIA+ community

Limited English Language fluency

Court-involved youth (juvenile arrest, gang-involved, probation, DYS, CRA)

Foster Youth (DCF)

Former foster care youth (DCF)

Teen Parent

Currently homeless or runaway youth

Child of a single, working parent

Individual with a disability

Section A:

I certify that prior to the COVID-19 pandemic, I received a free or reduced lunch benefit at my current school or recent.

Name of School: _____

Section B:

If you know, please initial the row of the chart below that describes your current household income.	Number of People in my household	Annual Income Less than:	Monthly Income Less than:
	1	\$30,120	\$2,510
	2	\$40,884	\$3,407
	3	\$51,648	\$4,304
	4	\$62,400	\$5,200
	5	\$73,164	\$6,097
	6	\$83,928	\$6,994
	7	\$94,680	\$7,890
	8	\$105,444	\$8,787
If you have over 8 people in your household, please complete the row below. For each additional person add to monthly income \$897 and \$10,764 to yearly income.			
My Initials	Number of people in my household	Annual Income	Monthly Income

Signature: _____ Date: _____