

**ACYR WIA PARENT INCOME STATEMENT**  
**THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE PARENT OR LEGAL GUARDIAN**

YOUTH'S NAME \_\_\_\_\_ SSN \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_ DROPOUT  YES  NO

**List names of all family members who have lived with you for the last six (6) months**

FAMILY MEMBER NAME	AGE	RELATIONSHIP TO YOUTH	FAMILY MEMBER NAME	AGE	RELATIONSHIP TO YOUTH

Has anyone listed above worked and received a paycheck in the last six months?  YES  NO

	WAGE EARNER #1	WAGE EARNER #2	WAGE EARNER #3
Who has worked?			
Where did they work?			
How many hours per week?			
What is their hourly wage?			
When did they start working?			
When did they stop working?			

**IF YOU OR ANYONE IN YOUR FAMILY WHO LIVES AT HOME RECEIVES ANY OF THE FOLLOWING, FILL IN THE MONTHLY AMOUNT BELOW.**

TYPE	MONTHLY AMOUNT	WHO RECEIVES IT?	TYPE	MONTHLY AMOUNT	WHO RECEIVES IT?
TANF			RETIREMENT/PENSION		
FOOD STAMPS			UNEMPLOYMENT INS		
GENERAL ASSIST			WORKERS COMP		
S.S. RETIREMENT			ENERGY ASSISTANCE		
S.S SURVIVORS			ALIMONY		
S.S DISABILITY			CHILD SUPPORT		
SSI			SCHOOL GRANT		

OTHER SOURCE OF INCOME (PLEASE LIST TYPE AND AMOUNT) \_\_\_\_\_

**IF NO ONE IN THE FAMILY HAS WORKED, OR IF YOU RECEIVE NO OTHER PAYMENTS, PLEASE EXPLAIN ON THE REVERSE SIDE OF THIS FORM WHERE YOU GET MONEY TO PAY RENT, UTILITIES, BUY CLOTHES, FOOD, ETC.**

TAX STATUS OF PARENT OR GUARDIAN:

- A. Did you claim your child as a dependent on your income tax last year?  YES  NO If not, why not? \_\_\_\_\_  
 B. Will you claim your child as a dependent on your income tax this year?  YES  NO If not, why not? \_\_\_\_\_

**PARENT OR GUARDIAN PLEASE READ THE FOLLOWING BEFORE SIGNING YOUR NAME:**

Under penalties of perjury and fraud, I declare that I have examined this form and agree that all of the information is true and correct to the best of my knowledge. I am aware that information contained on this form is subject to verification and failure to provide requested documentation or any falsified information may result in non enrollment or immediate termination. For the purpose of eligibility verification I authorize the Arizona Department of Economic Security to provide information describing services and/or benefits that I have received or applied for through the department, to agencies or governments that require the information. I further understand that the disclosure of my Social Security account number is voluntary and for the purpose of records maintenance and access.

Parent/Guardian Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Parent Guardian Social Security # \_\_\_\_\_

Date \_\_\_\_\_