



Education and Career Services

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Rd A

Bowler Wisconsin 54416

Phone: 715-793-4353 Fax: 715-253-2436

<https://www.mohican.com/education-and-career-services/>



INCOME VERIFICATION

APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name (If Applicable)
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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 Income for One Month: \$ _____

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

Declaration of No Income

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 and Career Services 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 and Career Services 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 and Career Services Program's Handbook in relation to services provide based on my application and understand that I may have appeal rights under the Education and Career Services Program's Handbook.

Applicant's Signature:	Date	Career Services Specialist Signature:	Date
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