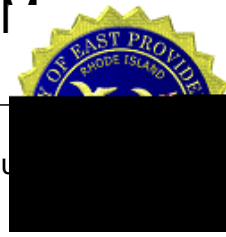


# City of East Providence and Roger Williams University Workforce Training Program

## SELF-DECLARATION OF INCOME FORM

Applicant Name (Please Print): \_\_\_\_\_



This is to certify the income status for the above named individual. Income sources include but are not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses.

This also includes any withdrawals of cash from the business or profession for your personal use.

- Distributions from a partnership, S corporation, or trust.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify, under penalty of perjury, that I am a resident of the City of East Providence residing at the following address:

Number, Street Address: \_\_\_\_\_

And/Or:

I certify, that I am an employee of the following East Providence business and therefore eligible to participate in the East Providence/Roger Williams University workforce training program:

East Providence Business Name and Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of East Providence Acceptance of Self-Declaration Form

City of East Providence Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Median Income Note: Individuals who earn up to 100% of median income are eligible to participate in this certificate training program. Family size income up to: 1 person: \$74,200; 2 persons: \$ 84,800; 3 persons: \$95,400; 4 persons: \$106,000; 5 Persons: \$114,500; 6 persons: \$122,950; 7 persons: \$131,450; 8 persons: \$139,900.