# Local Income Determination Form[[1]](#footnote-1)

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| --- | --- |
| Participant Name |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 6 Months Ago | Date of Application |  |  |
|  |  |  |  |  |  |   |  |  |  |
| Name | Employer Name | Wage | Hours |  | Weekly Earnings | Start Date | End Date | Weeks | Previous 6 Months |
|   |   |   |   | = | $0.00  |   |   | 0 | $0.00 |
|   |   |   |   | = | $0.00  |   |   | 0 | $0.00 |
|   |   |   |   | = | $0.00  |   |   | 0 | $0.00 |
|  | Average |  | 0 |  | $0.00  |  |  |  | $0.00  |
|  |  |  |  |  |  |  |  |  | X 2 |
|   | Family Size |  |  |  |  | Compare against FPL/LLSIL guidelines | **$0.00** |
|   |  |  |  | Amount Needed to be below 100% of FPL | #N/A |
|  |  |  |  |  |  | per FPL Guidelines effective 3/1/2018 | #N/A |
|  |  |  |  |  |  | Amount Needed to be 70% of LLSIL | #N/A |
|  |  |  |  |  | per DWD Admin Memo 17-03 effective 6/6/2018 | #N/A |
|  |  |  |  |  |  |  |  | Overall | #N/A |
| The below space is designated to calculate unique income situations in which calculations cannot be accurately depicted in the above format. |  |
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1. Form adapted from Western Wisconsin Workforce Development Board and Workforce Connections, Inc. "Income Previous 6 Months to Determine Low Income Status for WIOA" form. Fillable Excel spreadsheet available in Resource Box. [↑](#footnote-ref-1)