

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 WEE			
		INCOME VER	AFICATION		
A DDI TO A NEL INEOD	NATION				
APPLICANT INFOR	MATION				
First Name	MI	Last Name		Maiden Name (If Applicabl	e)
Dlagga ligh all familia mamb	ana ruha nasida	. : b b	h . Claddan.		and thain
Please list all family memb NCOME for the past 30 da		•		•	•
Family Member's I		Relationship	Income	South	
		(Indicate Mont			
		10			
		self			
				·	
Family Size:	Total Hou	sehold Income for On	ne Month: \$		
Please provide proof of the	family's inco	no (conjos of chook stu	ihs W2 direct der	agit gling statement from	ampleyer eta)
riease provide proof of the	Tailing 8 micor	ne (copies of check sti	ibs, wz, airect dep	posit sups, statement irom	employer, etc.)
		Declaration of	No Income		
Any applicant who declares		come must initial and	date below declar	O	
past 30 days; that he or she				by donations/ contribution	ns from
relatives and/ or friends. If	it does not ap	ply to you write in N/A	١.		
am currently unemployed and h	nave been unemp	loved since			
				Initial	Date
had no income including unemp	oloyment benefits	, child support, interest, etc	e. in the month of	 Initial	Date
Please select and provide p	oroof if vou ar	e receiving any of the	following Public A		Date
Food share	<i>j</i> =	Free or Reduced School		Energy Assistance	
General Assistance (GA)		TANF		Foster Child	

CERTIFICATION

Other:

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.

Other:

Other:

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

Updated: 1-10-2020