

ANEW INFORMATION SHEET

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Our program is funded by the Seattle-King County Private Industry Council which makes it necessary to follow federal low income guidelines. You must meet these guidelines in order to be eligible to apply to the ANEW program.

The income eligibility requirements include earned income (wages) from six (6) months prior to your application date. Income from all family members must be counted including your parents' income if you live with your parents. Do not include any monies received from AFDC, child support, GAU, SSI, et. cetera, or Unemployment Compensation in your calculations. Workmen's Compensation payments are included as wages.

To find your income level, look up the amount by finding the number in your family. Family members are your spouse and/or dependents. The amount allowed for that family size is on the chart below:

Family Size	6 Month Income Guidelines
1	\$ 3,735
2	5,455
3	7,490
4	9,245
5	10,910
6	12,760

According to this chart, are you income eligible ☐ yes ☐ no

If you are eligible, please fill out the other side of this information sheet.

WORK HISTORY

Applicant: _____
LAST NAME FIRST NAME INITIAL SOCIAL SECURITY NO

DIRECTIONS: List all of the jobs which you have held starting with your current or most recent job and work backwards.

1	EMPLOYER		DATE STARTED		DATE ENDED	
	STREET ADDRESS		CITY	STATE	PHONE	
	JOB TITLE		HOURS PER WEEK		HOURLY WAGE \$	
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES					
	WAS THIS A JOB WITH AN EMPLOYMENT AND TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHY DID YOU LEAVE?		
2	EMPLOYER		DATE STARTED		DATE ENDED	
	STREET ADDRESS		CITY	STATE	PHONE	
	JOB TITLE		HOURS PER WEEK		HOURLY WAGE \$	
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES					
	WAS THIS A JOB WITH AN EMPLOYMENT AND TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHY DID YOU LEAVE?		
3	EMPLOYER		DATE STARTED		DATE ENDED	
	STREET ADDRESS		CITY	STATE	PHONE	
	JOB TITLE		HOURS PER WEEK		HOURLY WAGE \$	
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES					
	WAS THIS A JOB WITH AN EMPLOYMENT AND TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHY DID YOU LEAVE?		
4	EMPLOYER		DATE STARTED		DATE ENDED	
	STREET ADDRESS		CITY	STATE	PHONE	
	JOB TITLE		HOURS PER WEEK		HOURLY WAGE \$	
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES					
	WAS THIS A JOB WITH AN EMPLOYMENT AND TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHY DID YOU LEAVE?		
5	EMPLOYER		DATE STARTED		DATE ENDED	
	STREET ADDRESS		CITY	STATE	PHONE	
	JOB TITLE		HOURS PER WEEK		HOURLY WAGE \$	
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES					
	WAS THIS A JOB WITH AN EMPLOYMENT AND TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHY DID YOU LEAVE?		
6	EMPLOYER		DATE STARTED		DATE ENDED	
	STREET ADDRESS		CITY	STATE	PHONE	
	JOB TITLE		HOURS PER WEEK		HOURLY WAGE \$	
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES					
	WAS THIS A JOB WITH AN EMPLOYMENT AND TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHY DID YOU LEAVE?		