

**LIVINGSTON COUNTY  
FAMILY INCOME FORM**

For residents of: Livingston County, NY

The program for which you are applying is being made available with financial assistance from the Federal Community Services Block Grant Program and the American Recovery and Reinvestment Act. As result, the program sponsor is required to collect participant income eligibility information.

Name: \_\_\_\_\_

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

Program: \_\_\_\_\_

**INSTRUCTIONS**

Determine your family size by counting yourself and each family member who **currently** resides within the same housing unit and enter the number in the space provided. A family member is a person who is related to you by birth, marriage, or adoption. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who **currently** resides with you and circle the appropriate range.

**Family Size** \_\_\_\_\_

Family Size	Please Circle the Income Range for Your Household Size						Not Eligible
	1	Below \$10,830	\$10,830 - \$12,996	\$12,997 - \$14,621	\$14,622 - \$16,245	\$16,246 - \$20,036	
2	Below \$14,570	\$14,570 - \$17,484	\$17,485 - \$19,670	\$19,671 - \$21,855	\$21,856 - \$26,955	\$26,956 - \$29,140	Over \$29,140
3	Below \$18,310	\$18,310 - \$21,972	\$21,973 - \$24,719	\$24,720 - \$27,465	\$27,466 - \$33,874	\$33,875 - \$36,620	Over \$36,620
4	Below \$22,050	\$22,050 - \$26,460	\$26,461 - \$29,768	\$29,769 - \$33,075	\$33,076 - \$40,793	\$40,794 - \$44,100	Over \$44,100
5	Below \$25,790	\$25,790 - \$30,948	\$30,949 - \$34,817	\$34,818 - \$38,685	\$38,686 - \$47,712	\$47,713 - \$51,580	Over \$51,580
6	Below \$29,530	\$29,530 - \$35,436	\$35,437 - \$39,866	\$39,867 - \$44,295	\$44,296 - \$54,631	\$54,632 - \$59,060	Over \$59,060
7	Below \$33,270	\$33,270 - \$39,924	\$39,925 - \$44,915	\$44,916 - \$49,905	\$49,906 - \$61,550	\$61,551 - \$66,540	Over \$66,540
8	Below \$37,010	\$37,010 - \$44,412	\$44,413 - \$49,915	\$49,916 - \$55,515	\$55,516 - \$68,469	\$68,470 - \$74,020	Over \$74,020

**The information provided herein will be confidential and will be used to provide statistical data required by the federal Community Services Block Program and the American Recovery and Reinvestment Act (Economic Stimulus Act). It is subject to verification by the New York State Department of State pursuant to State and Federal rules and regulations.**

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Completed Forms to the Livingston County Planning Department, 6 Court Street, Room 305, Geneseo, NY 14454  
Phone: 585-243-7550; Fax: 585-243-7566**

# Certified Aging-In-Place Specialist Professional Development Program

## GENERAL INFORMATION:

DATE: \_\_\_\_\_

Must be over the age of 18 to participate

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address ( PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, are you authorized to work in the United States Yes \_\_\_\_\_ No \_\_\_\_\_

Explain, please \_\_\_\_\_

## EDUCATION: (Check highest level completed)

- Drop out, highest grade completed \_\_\_\_\_  High School Diploma/GED  IEP Diploma  Some College  
 Vocational Degree  Associate Degree  Bachelor's Degree  Master's Degree  Doctoral Degree  Unspecified

If you obtained a degree past high school, what was your major? \_\_\_\_\_

## WORK HISTORY:

*Complete all required items for each employer to the best of your recollection.***A. Employer** \_\_\_\_\_ **Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ ( month and year)**Address** \_\_\_\_\_ **Wage \$** \_\_\_\_\_ **per hr / wk / yr****City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country, if not U.S.** \_\_\_\_\_**Job Title** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_**Job Duties:** \_\_\_\_\_**B. Employer** \_\_\_\_\_ **Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ ( month and year)**Address** \_\_\_\_\_ **Wage \$** \_\_\_\_\_ **per hr / wk / yr****City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country, if not U.S.** \_\_\_\_\_**Job Title** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_**Job Duties:** \_\_\_\_\_

**BASIC SKILLS:**

**Experience or Skills you possess related to construction** \_\_\_\_\_

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**Experience or Skills you possess related to sales** \_\_\_\_\_

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**Please explain why you are interested in taking part in the CAPS designation training and how you believe this training will enhance, or plan to use this training in, your occupation.** \_\_\_\_\_

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**CERTIFICATION:**

I, \_\_\_\_\_, certify that the information I have provided in this application is true to the best of my knowledge. I also consent to sharing of information regarding my training among my employer, the school, and the Office of Workforce Development. I also acknowledge that I may be asked to provide follow-up information to assist in evaluating this program.

**YOU MUST SIGN!**

**Signed:** \_\_\_\_\_

**This training opportunity is funded by CSBG ARRA Federal Funding**