



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

CONFIDENTIAL STATEMENT OF INCOME

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 151 (2-2025)

* In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number is voluntary and it is requested for identification purpose. Failure to disclose this information will not affect participation in this program.

<input type="checkbox"/> Application	<input type="checkbox"/> Re-enrollment	<input type="checkbox"/> Recertification
Name of Applicant/Participant		Social Security Number *

Family Size: List family members who live in applicant/participant's household and qualify as countable family, excluding applicant.
(See manual & OWB 04-05 for instructions.)

Name	Relationship	Age

TOTAL INCOME (see last page)

Month / Year		Source of Income	Source of Income	Source of Income	Source of Income	Source of Income
Start with current month (ex: May, June, July)		Person Receiving Income	Person Receiving Income	Person Receiving Income	Person Receiving Income	Person Receiving Income
Month	Year	Amount	Amount	Amount	Amount	Amount
Jan						
Feb						
March						
April						
May						
June						
July						
Aug						
Sept						
Oct						
Nov						
Dec						
TOTAL						
Check One <input type="checkbox"/> 6 Mos <input type="checkbox"/> 12 Mos						
Income Includable/ Excludable		Check One <input type="checkbox"/> Includable <input type="checkbox"/> Excludable	Check One <input type="checkbox"/> Includable <input type="checkbox"/> Excludable	Check One <input type="checkbox"/> Includable <input type="checkbox"/> Excludable	Check One <input type="checkbox"/> Includable <input type="checkbox"/> Excludable	Check One <input type="checkbox"/> Includable <input type="checkbox"/> Excludable

TOTAL INCOME

Includable Income	Excludable Income	Total
Total Income Comments		

(If applicant/participant has no includable or excludable income to show on this form attach statement explaining living situation.)

SIGNATURES

I certify the above information to be correct to the best of my knowledge. If any part of the information is found incorrect, I am fully aware that it could result in my immediate dismissal from SCSEP enrollment. I agree to provide SCSEP with documentation to substantiate this information upon request. I agree that I will report promptly to SCSEP any change in income or family size.

Applicant's/Participant's Signature	Date
SCSEP Coordinator	Date
SCSEP Supervisor	Date
Applicant/Participant is: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	

INCLUDED INCOME

- Earning
- Benefits received under title II of the Social Security Act Retirement (of which seventy-five percent will be counted as includable income)
- Survivor benefit, pension, or retirement income
- Interest income, dividends
- Rents, royalties, and estates and trusts
- Educational assistance
- Alimony
- Financial assistance from outside of the household
- Other income

EXCLUDED INCOME

- Social Security Disability Insurance
- Unemployment Compensation
- Twenty-five percent of a benefit received under title II of the Social Security Act Retirement
- Payment made to or on behalf of veterans or former members of the Armed Forces under laws administered by the Secretary of Veterans Affairs
- Supplemental Security Income
- Public assistance
- Income from other employment and training program
- Disability benefits
- All forms of child support
- Workers' compensation
- The first \$2,000 of certain per capita fund distributions that are made to Indians pursuant to the Indian Claims Act P.P.L. 93-134 and P.P.L. 97-45
- Any other income exception required by applicable Federal law-- e.g., stipends from programs funded by the Senior Corps or the Corporation for National and Community Service. The Department will also exclude, for purposes of SCSEP applicant eligibility, the same income sources that the CPS does not count in its official definition of income.
- Capital gains people received (or losses they incur) from the sale of property, including stocks, bonds, a house, or a car (unless the person engaged in the business of selling such property, in which case the CPS counts the net proceeds as income from self-employment)
- Withdrawals of bank deposits, money borrowed, tax refunds
- Gifts, lump-sum inheritances, insurance payments, gambling, and lottery earnings