

## Needs Related Payment Approval Form

Participant Name \_\_\_\_\_ Date of Request \_\_\_\_\_

State ID # \_\_\_\_\_ Adult  Dislocated Worker

Training Start Date \_\_\_\_\_ Training End Date \_\_\_\_\_

Number in Family \_\_\_\_\_

1. Is the participant currently unemployed? Yes  No

2. Does the participant receive TANF or qualify for UI or Trade Adjustment Assistance or North American Free Trade Agreement? Yes  No  If Yes, **STOP**. Participant is not eligible.

3. Has participant applied for a Pell Grant? Yes  No

3a. Eligible? Yes  No  Amount \$ \_\_\_\_\_  
(if eligible for a CCC Promise Grant, the amount of NRP will be prorated based on the Grant award)

#### 4. Monthly Household Income

Amount \$ _____	Source _____
Amount \$ _____	Source _____
Amount \$ _____	Source _____

Total \$ \_\_\_\_\_

5. Does monthly income exceed the federal poverty guidelines for the family size? Yes  No

6. Monthly Household Living Expenses \$ \_\_\_\_\_

7. Does monthly Household income exceed the monthly living expenses? Yes  No

**If questions 5 and 7 are yes, participant is not eligible for NRP. If 5 is yes and 7 is no, participant is eligible for NRP.**

Participant Eligible? Yes  No

I certify that the above named participant is eligible for NRP at the hourly rate of \$ \_\_\_\_\_

ERS Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Participant's household income and living expenses must be evaluated on a monthly basis. If household income increases, participant may become ineligible for NRP.**