



**Schedule E**  
**MPS – NEIGHBORHOOD SCHOOLS INITIATIVE**  
**COIN - ADDRESS & INCOME AFFIDAVIT**

I certify to the MPS – Office of Neighborhood Schools that I reside within the City of Milwaukee – Impact Area \*, at the address shown below. I further certify that this is the area where I maintain my permanent residence.

To verify my address, attached is a copy of the following (check one and attach):

- Copy of my current Wisconsin Driver's License
- Copy of my State Identification Card
- Copy of my Voter's Certification Form
- Copy of my last year's Form 1040 or 1040 EZ
- Copy of my current Utility Bill
- Other document approved by the Independent Monitor

Proof of income amount is attached (check those that apply):

Enter total number of people living in your household \_\_\_\_\_  
 How many are under age 18? \_\_\_\_\_

- Form 1040 or 1040 EZ
- W2 (last year)
- Form 1099 (last year)
- Paycheck stub
- Unemployment Compensation check stub
- Notarized letter from Head of Household wage earner

*\* Certifying agency/contractor – please see "COIN" map.*

First Name:		MI:	Last Name:		Social Security Number:
Race:	Gender:	Email Address:			
Street Address:				Phone Number:	
City:	State:	Zip Code:	Cell/Alternate Phone Number:		
Trade Interest: Please check the appropriate boxes below		Union Affiliation (in any):		Please check the appropriate box <input type="checkbox"/> Apprentice: number of hours _____ <input type="checkbox"/> Journeyman	
<input type="checkbox"/> Acoustical Insulation	<input type="checkbox"/> Electrician	<input type="checkbox"/> Millwright	<input type="checkbox"/> Roofer		
<input type="checkbox"/> Boiler Maker	<input type="checkbox"/> Elevator Constructor	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> Service Employee		
<input type="checkbox"/> Bricklayer	<input type="checkbox"/> Engineer	<input type="checkbox"/> Operating Engineer	<input type="checkbox"/> Sheet Metal Worker		
<input type="checkbox"/> Cabinet Maker	<input type="checkbox"/> Glazier	<input type="checkbox"/> OTHER	<input type="checkbox"/> Sign Painter		
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Graphic Communications	<input type="checkbox"/> Painter	<input type="checkbox"/> Sprinkler Fitter		
<input type="checkbox"/> Carpet/Linoleum Soft Tile	<input type="checkbox"/> Heat & Frost Insulators	<input type="checkbox"/> Paper Hanger	<input type="checkbox"/> Steam Fitter		
<input type="checkbox"/> Cement Mason	<input type="checkbox"/> Iron Worker	<input type="checkbox"/> Pile Driver	<input type="checkbox"/> Tile, Marble & Terrazzo		
<input type="checkbox"/> Communications Worker	<input type="checkbox"/> Laborer	<input type="checkbox"/> Pipe Fitter	<input type="checkbox"/> Truck Driver		
<input type="checkbox"/> Computers and Specialty Electronics	<input type="checkbox"/> Lather	<input type="checkbox"/> Plasterer	<input type="checkbox"/> Welder		
<input type="checkbox"/> Dry Wall	<input type="checkbox"/> Lumber Yard Worker	<input type="checkbox"/> Plumber			
	<input type="checkbox"/> Machine Erector				

\_\_\_\_\_  
 Sign your name (in the presence of a Notary Public)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ AD

\_\_\_\_\_  
 Notary Public, State of Wisconsin

\_\_\_\_\_  
 My Commission Expires:

Referring Source (Contractor, CDE, etc.):	Bid Pack (if known):
---	----------------------

\*\*\*\*Please note: Residency information will be verified. Completion and verification of this information will allow your name to be placed in the database for distribution to contractors and other service providers. It is not a guarantee of employment. \*\*\*\*

