INCOME ELIGIBILITY GUIDELINES 2017

Client Name (Please Print): _____

Number of individuals **over** 18 in my household: _____
Number of individuals **under** 18 in my household: _____
Total number of individuals in my household: _____

My household currently has no income. ____ (If true, skip to signature)
My annual household income is: $_____

Step 1: Identify the column with the total number of people living in your household.
Step 2: Circle the lowest dollar amount in that column that is not less than your annual household income.
For example, if you have two people in your household and your total household income is $17,000, you will circle $18,676 because it is the lowest number in column 2 that is not less than $17,000.

Household Size	1	2	3	4	5	6	7	8	Each Extra Person
100%	$12,060	$16,240	$20,420	$24,600	$28,780	$32,960	$37,140	$41,320	$4,180
115%	$13,869	$18,676	$23,483	$28,290	$33,097	$37,904	$42,711	$47,518	$4,807
125%	$15,075	$20,300	$25,525	$30,750	$35,975	$41,200	$46,425	$51,650	$5,225
150%	$18,090	$24,360	$30,630	$36,900	$43,170	$49,440	$55,710	$61,980	$6,270
165%	$19,899	$26,796	$33,693	$40,590	$47,487	$54,384	$61,281	$68,178	$6,897
185%	$22,311	$30,044	$37,777	$45,510	$53,243	$60,976	$68,709	$76,442	$7,733

I certify that my statement on this form is correct to the best of my knowledge.

Client Signature :_____ Date: _____

<<<<<<<<<<<<<<<<<<<<<<<< OFFICE USE ONLY >>>>>>>>>>>>>>>>>>>>>>>>>>

Client income is documented by:
___ Copies of the last 90 days of pay checks from the entire household (attached)
___ Copy of last Federal 1040 with adjusted gross income (attached)
___ Copy of SSI or SSDI Benefit/Award Letter
___ Client's statement of no income.

___ Other income verification_____

Staff Signature: _____ Date_____