INCOME ELIGIBILITY GUIDELINES 2019

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 $20,000, you will circle $21,138 because it is the lowest number in column 2 that is not less than $20,000.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Each Extra Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$12,490</td>
<td>$16,910</td>
<td>$21,330</td>
<td>$25,750</td>
<td>$30,170</td>
<td>$34,590</td>
<td>$39,010</td>
<td>$43,430</td>
<td>$4,420</td>
</tr>
<tr>
<td>115%</td>
<td>$14,364</td>
<td>$19,447</td>
<td>$24,530</td>
<td>$29,613</td>
<td>$34,696</td>
<td>$39,779</td>
<td>$44,862</td>
<td>$49,945</td>
<td>$5,083</td>
</tr>
<tr>
<td>125%</td>
<td>$15,613</td>
<td>$21,138</td>
<td>$26,663</td>
<td>$32,188</td>
<td>$37,713</td>
<td>$43,238</td>
<td>$48,763</td>
<td>$54,288</td>
<td>$5,525</td>
</tr>
<tr>
<td>150%</td>
<td>$18,735</td>
<td>$25,365</td>
<td>$31,995</td>
<td>$38,625</td>
<td>$45,255</td>
<td>$51,885</td>
<td>$58,515</td>
<td>$65,145</td>
<td>$6,630</td>
</tr>
<tr>
<td>165%</td>
<td>$20,609</td>
<td>$27,902</td>
<td>$35,195</td>
<td>$42,488</td>
<td>$49,781</td>
<td>$57,074</td>
<td>$64,367</td>
<td>$71,660</td>
<td>$7,293</td>
</tr>
<tr>
<td>185%</td>
<td>$23,107</td>
<td>$31,284</td>
<td>$39,461</td>
<td>$47,638</td>
<td>$55,815</td>
<td>$63,992</td>
<td>$72,169</td>
<td>$80,346</td>
<td>$8,177</td>
</tr>
</tbody>
</table>

I certify that my statement on this form is correct to the best of my knowledge.
Client Signature: ________________________________ Date: ________________

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: ________________