

## **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.

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

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

Client Signature :\_\_\_\_\_ Date: \_\_\_\_\_

	<<<<<<<	OFFICE USE ONLY	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Copy of last Federa	0 days of pay checks from the enti I 1040 with adjusted gross income Benefit/Award Letter	· · ·	
Other income verifi	cation		
Staff Signature:		Date	