## INCOME ELIGIBILITY GUIDELINES 2019

Client Name (Please Print):

Number of individuals over 18 in my household: $\qquad$
Number of individuals under 18 in my household: $\qquad$
Total number of individuals in my household: $\qquad$

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

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 <br> Size | $\mathbf{1}$ | $\mathbf{2}$ |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathbf{1 0 0 \%}$ | $\$ 12,490$ | $\$ 16,910$ | $\$ 21,330$ | $\$ 25,750$ | $\$ 30,170$ | $\$ 34,590$ | $\$ 39,010$ | $\$ 43,430$ |
| $\mathbf{1 1 5 \%}$ | $\$ 14,364$ | $\$ 19,447$ | $\$ 24,530$ | $\$ 29,613$ | $\$ 34,696$ | $\$ 39,779$ | $\$ 44,862$ | $\$ 49,945$ |
| $\mathbf{1 2 5 \%}$ | $\$ 15,613$ | $\$ 21,138$ | $\$ 26,663$ | $\$ 32,188$ | $\$ 37,713$ | $\$ 43,238$ | $\$ 48,763$ | $\$ 54,288$ |
| $\mathbf{1 5 0 \%}$ | $\$ 18,735$ | $\$ 25,365$ | $\$ 31,995$ | $\$ 38,625$ | $\$ 45,255$ | $\$ 51,885$ | $\$ 58,515$ | $\$ 65,145$ |
| $\mathbf{1 6 5 \%}$ | $\$ 20,609$ | $\$ 27,902$ | $\$ 35,195$ | $\$ 42,488$ | $\$ 49,781$ | $\$ 57,074$ | $\$ 64,367$ | $\$ 71,660$ |
| $\mathbf{1 8 5 \%}$ | $\$ 23,107$ | $\$ 31,284$ | $\$ 39,461$ | $\$ 47,638$ | $\$ 55,815$ | $\$ 63,992$ | $\$ 72,169$ | $\$ 80,346$ |

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

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 LetterClient's statement of no income.
__ Other income verification
Staff Signature: $\qquad$ Date $\qquad$

