



# INCOME ELIGIBILITY GUIDELINES 2023

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: \$ \_\_\_\_\_

My household is in \_\_\_\_\_ County.

**Step 1:** Identify the column for your county. If your county is not listed, skip to the signature field below.

**Step 2:** Circle the dollar amount on the row that corresponds with your household size.

If your annual household income is less than this amount, you are eligible for a scholarship and/or additional services.

Household Size	Barron County	Buffalo County	Chippewa County	Clark County	Dunn County	Eau Claire County	Jackson County	Pepin County	Pierce County	Polk County	St. Croix County	Trempealeau County
1	\$47,600	\$47,600	\$51,150	\$47,600	\$48,650	\$51,150	\$47,600	\$48,200	\$66,300	\$47,600	\$66,300	\$48,350
2	\$54,400	\$54,400	\$58,450	\$54,400	\$55,600	\$58,450	\$54,400	\$55,050	\$75,750	\$54,400	\$75,750	\$55,250
3	\$61,200	\$61,200	\$65,750	\$61,200	\$62,500	\$65,750	\$61,200	\$61,950	\$85,200	\$61,200	\$85,200	\$62,150
4	\$68,000	\$68,000	\$73,050	\$68,000	\$69,500	\$73,050	\$68,000	\$68,800	\$94,650	\$68,000	\$94,650	\$69,050
5	\$73,450	\$73,450	\$78,900	\$73,450	\$75,100	\$78,900	\$73,450	\$74,350	\$102,250	\$73,450	\$102,250	\$74,600
6	\$78,900	\$78,900	\$84,750	\$78,900	\$80,650	\$84,750	\$78,900	\$79,850	\$109,800	\$78,900	\$109,800	\$80,100
7	\$84,350	\$84,350	\$90,600	\$84,350	\$86,200	\$90,600	\$84,350	\$85,350	\$117,400	\$84,350	\$117,400	\$85,650
8	\$89,800	\$89,800	\$96,450	\$89,800	\$91,750	\$96,450	\$89,800	\$90,850	\$124,950	\$89,800	\$124,950	\$91,150

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: \_\_\_\_\_