INCOME ELIGIBILITY GUIDELINES 2026/27

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	$53,760	$53,760	$56,800	$53,760	$56,400	$56,800	$53,760	$53,760	$73,680	$54,800	$73,680	$56,440
2	$61,440	$61,440	$64,880	$61,440	$64,480	$64,880	$61,440	$61,440	$84,160	$62,640	$84,160	$64,480
3	$69,120	$69,120	$72,280	$69,120	$72,560	$72,280	$69,120	$69,120	$94,720	$70,480	$94,720	$72,530
4	$74,250	$74,250	$81,040	$74,250	$81,040	$81,040	$74,250	$76,800	$105,200	$78,240	$105,220	$80,560
5	$82,960	$82,960	$87,600	$82,960	$87,600	$87,600	$82,960	$82,960	$113,680	$84,560	$113,680	$87,040
6	$89,120	$89,120	$94,080	$89,120	$93,520	$94,080	$89,120	$89,120	$122,080	$90,800	$122,080	$93,520
7	$95,280	$95,280	$100,560	$95,280	$99,920	$100,560	$95,280	$95,280	$130,480	$97,040	$130,480	$99,920
8	$101,440	$101,440	$107,040	$101,440	$106,400	$107,040	$101,440	$101,440	$138,880	$103,280	$138,880	$106,400

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_____