



INCOME ELIGIBILITY GUIDELINES 2024

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	\$48,550	\$48,550	\$55,650	\$48,550	\$52,850	\$55,650	\$48,550	\$49,850	\$68,500	\$51,550	\$68,500	\$51,050
2	\$55,450	\$55,450	\$63,600	\$55,450	\$60,400	\$63,600	\$55,450	\$57,000	\$78,250	\$58,900	\$78,250	\$58,350
3	\$62,400	\$62,400	\$71,550	\$62,400	\$67,950	\$71,550	\$62,400	\$64,100	\$88,050	\$66,250	\$88,050	\$65,650
4	\$69,300	\$69,300	\$79,500	\$69,300	\$75,500	\$79,500	\$69,300	\$71,200	\$97,800	\$73,600	\$97,800	\$72,900
5	\$74,850	\$74,850	\$85,900	\$74,850	\$81,550	\$85,900	\$74,850	\$76,900	\$105,650	\$79,500	\$105,650	\$78,750
6	\$80,400	\$80,400	\$92,250	\$80,400	\$87,600	\$92,250	\$80,400	\$82,600	\$113,450	\$85,400	\$113,450	\$84,600
7	\$85,950	\$85,950	\$98,600	\$85,950	\$93,650	\$98,600	\$85,950	\$88,300	\$121,300	\$91,300	\$121,300	\$90,400
8	\$91,500	\$91,500	\$104,950	\$91,500	\$99,700	\$104,950	\$91,500	\$94,000	\$129,100	\$97,200	\$129,100	\$96,250

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: _____