INCOME ELIGIBILITY GUIDELINES 2020

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	Dunn County	Eau Claire County	Jackson County	Pepin County	Pierce County	Polk County	St. Croix County	Trempealeau County
1	$38,300	$38,300	$41,100	$38,750	$41,100	$38,300	$39,000	$52,850	$38,300	$52,850	$39,400
2	$43,800	$43,800	$46,950	$44,250	$46,950	$43,800	$44,600	$60,400	$43,800	$60,400	$45,000
3	$49,250	$49,250	$52,800	$49,800	$52,800	$49,250	$50,150	$67,950	$49,250	$67,950	$50,650
4	$54,700	$54,700	$58,650	$55,300	$58,650	$54,700	$55,700	$75,500	$54,700	$75,500	$56,250
5	$59,100	$59,100	$63,350	$59,750	$63,350	$59,100	$60,200	$81,550	$59,100	$81,550	$60,750
6	$63,500	$63,500	$68,050	$64,150	$68,050	$63,500	$64,650	$87,600	$63,500	$87,600	$65,250
7	$67,850	$67,850	$72,750	$68,600	$72,750	$67,850	$69,100	$93,650	$67,850	$93,650	$69,750
8	$72,250	$72,250	$77,450	$73,000	$77,450	$72,250	$73,550	$99,700	$72,250	$99,700	$74,250

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: _____