



SITE: _____ DATE: _____ NUMBER IN HOUSEHOLD: _____

_____ SNAP Recipient
 _____ Medical Assistance Recipient
 _____ TANF Recipient
 _____ Unemployment Recipient
 _____ Energy Assistance Recipient
 _____ Household income at or below 185% of the Federal Poverty Guidelines as shown below:

Based on 185% of Federal Poverty Guidelines				
Household Size	Annual Income	Monthly Income	Bi-Weekly	Weekly
1	\$27,861	\$2,322	\$1,072	\$536
2	\$37,814	\$3,152	\$1,455	\$728
3	\$47,767	\$3,981	\$1,838	\$919
4	\$57,720	\$4,810	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,603	\$1,302
6	\$77,626	\$6,469	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,369	\$1,685
8	\$97,532	\$8,128	\$3,752	\$1,876
For each additional household member, add:	+ \$5,380	+ \$830	+ \$383	+ \$192

APPLICANT NAME (PRINT):

AUTHORIZED PROXY NAME (PRINT):

ZIP CODE