

PROOF OF RECEIPT OF BENEFITS (SAMPLES)



VERIFICATION OF INCOME ASSESSMENT

Participant qualified if household income is at or below:

Household / Family Size	1	2	3	4	5	6
Annual Income	\$15,950	\$21,550	\$27,150	\$32,750	\$38,350	\$43,950

Add \$5,600 for each additional household member above 5.

Household size includes applicant and utilizes 125% of poverty level per GOV 68632(b)

The **registered owner** must provide the recent year's tax return, signed, with all attachments (including W2).

Poverty Guidelines Source: <https://aspe.hhs.gov/poverty-guidelines>