

## PROOF OF RECEIPT OF BENEFITS (SAMPLES)



## VERIFICATION OF INCOME ASSESSMENT

Participant qualified if household income is at or below:

Household Size	1	2	3	4	5
Annual Income	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840

Add \$8,640 for each additional household member above 5.

Household size includes applicant