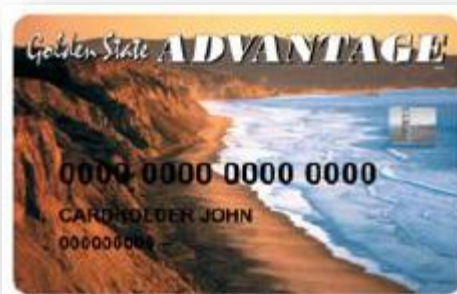


## PROOF OF RECEIPT OF BENEFITS (SAMPLES)



## VERIFICATION OF INCOME ASSESSMENT

Participant qualified if household income is at or below:

Household / Family Size	1	2	3	4	5	6	7	8
Annual Income	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300

Add \$11,000 for each additional household member above 8.

Household size includes applicant and utilizes 200% or less 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>