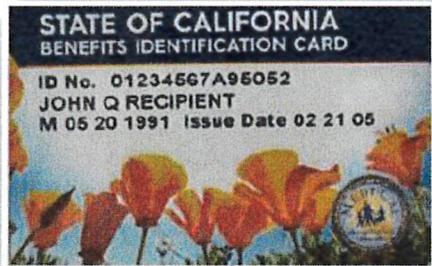


PROOF OF RECEIPT OF BENEFITS (SAMPLES)

Please note that physical public assistance cards (such as medical assistance cards) will not be accepted as proof of eligibility. Applicants must provide official documentation showing that government assistance has been received within the last 45 days.



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/topics/poverty-economic-mobility/poverty-guidelines>