



PROGRAM GUIDELINES

*The information noted below are guidelines for program eligibility only.
Meeting eligibility is not a guarantee of acceptance.*

Eligibility

Eligibility for nutrition assistance by the AAP is based on resources, income, local residency and a certified diagnosis of a chronic or terminal illness including HIV/AIDS, Cancer, MS, etc. by a medical provider.

Resources

Households may have \$2,250 in countable resources, such as a bank account, IRAs, annuities, etc. or \$3,250 in countable resources if at least one person is age 65 or older, or is disabled. However, certain resources are not counted, such as a home or motor vehicle of reasonable value. Homes with excessive value or equity will be considered as a countable resource.

Income

Households have to meet gross income tests. The maximum gross annual income is based on 150% of the federal poverty level. Gross income means a household's total, non-excluded income, before any deductions have been made. Gross income includes all taxable and non-taxable income.

2017 Federal Poverty Levels

Household Size	Gross Monthly Income (150% of poverty)	Gross Yearly Income (150% of poverty)
1	\$1,507.50	\$18,090
2	\$2,030.00	\$24,360
Each additional member	+522.50	+6,270

AAP – Food Samaritans Program Guidelines

Local Residency

Clients of AAP must live within a 25-mile radius of Palm Springs. Proof of local residency is required in the form of a current lease agreement or property tax bill and copies of utility bills. Postal boxes are not accepted as proof of local residency.

Assistance Limitations

Assistance from AAP is limited to one per household for a period of 6 to 36 months depending on an individual's age and needs at the time of eligibility. Some exceptions may be made on a limited basis as approved by the Board of Directors and Audit Committee.

Proof of Need

Assistance is intended to help those who are truly in need of nutritional support and who have no other resources available to draw upon. It is not intended to provide a means to afford other expenditures. Eligibility in the program is based on a needs test which includes a thorough evaluation of your current and past spending habits. Program applicants must provide 12 months of financial records for all household members. This includes but is not limited to all bank and financial institution accounts, current payroll stubs, federal income tax returns, social security award letters, utility and cable bills, etc. Applicants will be required to complete an IRS form 4505 (request for copy of income tax return) and an authorization for a credit check. All clients will be required to re-certify their eligibility from time to time (generally on an annual basis).

Drug Policy

Program applicants and existing clients must be drug free and sign an authorization for random drug testing.

Termination of Assistance

AAP – Food Samaritans (AAP) is not an entitlement program. Assistance in the program can be terminated at any time for any reason deemed to be in the best interest of AAP. This includes but is not limited to inappropriate language or actions directed at employees, volunteers, donors, or board members of AAP – Food Samaritans (AAP). Failure to accurately disclose or to intentionally mislead AAP into providing assistance is grounds for immediate termination. AAP reserves the right to pursue legal action to recover the cost of benefits distributed as the direct result of fraudulent misrepresentation.

AAP – Food Samaritans Program Guidelines
APPLICATION DOCUMENTATION CHECKLIST

1	Bring this checklist with along with all items listed below to your interview.	
2	Bring the application letter <i>and the envelope</i> in which this information was mailed to you.	
3	Bring <i>12 months</i> of all current checking, savings and financial institution (banking) statements. If you receive SSA/SSI/SSDI income, these deposits must show up on your statements. If you utilize Direct Express, please contact them at (888) 741-1115 or login to your account online to receive statement copies.	
4	If you pay your rent in cash, please bring the 3 months of current receipts.	
5	Bring in your most recent SSA/SSI/SSDI award statement. If you do not have a current statement, you can call (877) 873-9114 to have one sent to you.	
6	If you are employed, please bring in a copy of your last 3 paystubs from all employers. If you work for cash, you will be required to sign a statement of cash earnings.	
7	Bring a copy of your most recent tax returns (if applicable).	
8	Bring your original government issued photo ID. <i>If it has expired, do not come in until you have renewed it.</i> It must be current / valid at the time of your interview.	
9	Bring a copy of your current lease or mortgage statement. If you own your home, bring a copy of your current property tax bill.	
10	If you receive housing assistance, please bring in your most recent Section 8 letter.	
11	Bring a current utility bill or postmarked piece of mail to confirm your physical address.	
12	Complete and bring in the enclosed IRS Form 4506T. This <i>must</i> be completed whether you file a Federal Income Tax Return or not.	
13	Complete the enclosed “Personal Information Form” and the “Statement of Living Situation” form.	
14	Written diagnosis of a <i>terminal illness</i> including HIV ⁺ , AIDS, Cancer, etc. from a medical provider.	
	<i>Please Note:</i> Your application will not be reviewed by our “Audit Committee” unless all of the documents requested have been received. During your interview you will be asked to fill out and sign a “Drug Test Policy” form and a “Authorization for Release of Information” form. Please call us at (760) 325-8481 if you have any questions.	

AAP Interviewer _____ Date: _____



A California Non-Profit Corporation

P.O. Box 4182 Palm Springs, CA 92263 • Phone (760) 325-8481 Fax (760) 325-1893

PERSONAL INFORMATION:

Client Name: _____ Today's Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security No. _____

E-mail address: _____

HOUSEHOLD INFORMATION:

Eligibility in the program is based on total household income. A household is deemed to be any and all persons, related or not related, living in the same residence. Please list the names and relationship of household members:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Income Sources: (Please Note all Income Sources that Apply):

Employment Income Unemployment Income Welfare Program(s) VA Benefits

Social Security Supplemental Social Security State Disability Private Disability Insurance

Annuities Retirement / Pension Benefits Privately Held Investments

Other: _____

By signing this form I hereby declare, under the penalty of perjury and under the laws of the State of California, that I have fully disclosed my financial and living circumstances to AAP – Food Samaritans (AAP). I am certifying that I have no other accounts or cash income that is not being reported to AAP. I understand that failure to disclose pertinent information is cause for immediate dismissal from the program. Any fraudulent misrepresentations that result in the receipt of benefits will be subject to legal action and repayment of benefits provided. I agree that if at any time, my resources change and exceed the program limits, I shall promptly notify AAP and that if I fail to do so, I shall reimburse AAP for any benefits received by me during the entire period that I was ineligible to receive benefits.

Printed Name: _____

Date: _____

Client Signature: _____

AAP Representative: _____



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2017 STATEMENT OF LIVING SITUATION

Client Name _____

Number in Household _____

Rental Housing

- Bring in copy of rental agreement.
- I live in rental housing located at _____

- My landlord is _____
- My share of the rent is \$_____ per month

Client Owned Housing

- I own my home located at _____

- The mortgage holder is _____
and the mortgage loan number is _____

Other Housing

Please explain:

I declare under penalty of perjury that the information I have provided above is true and complete to the best of my knowledge.

Signature

Date



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DRUG TESTING POLICY

AAP – Food Samaritans enforces a drug testing policy. All new applicants and those current clients whom are re-certifying for our food voucher program may be subject to a test for illegal drug* use as a condition of approval of their application and, if the application is approved, may be subject to random drug testing at any time as a condition of continued assistance. An applicant or recipient who either refuses to submit to drug testing or who tests positive for illegal drug use on the original and confirmatory tests will become immediately ineligible to continue to receive food voucher assistance and be ineligible for re-application for a minimum of one year.

BY SIGNING BELOW, you acknowledge that you may be subject to a test for illegal drugs as both a condition of approval or continued participation in the food voucher program. You further acknowledge that you may be subject to random drug testing at any time while receiving assistance. You further understand that any applicant or re-certifying client whom either refuses to submit to drug testing or who tests positive for the use of illegal drugs on the original and confirmatory tests will be immediately ineligible to receive or continue to receive any assistance for a period of at least one year.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU AGREE TO SUCH DRUG TESTING AS A CONDITION OF THE APPROVAL OF YOUR APPLICATION TO RECEIVE BENEFITS AND YOUR CONTINUED RECEIPT OF SUCH ASSISTANCE.

Client Signature

Date

Certifying Volunteer/Employee initials

*Illegal drugs include all controlled substances under Federal Law (21 U.S.C812) and California Law (Health and Safety code 11054-11058).



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2017 AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE: _____ - _____ - _____ SOCIAL SECURITY _____

1. I hereby authorize any and all medical and/or social providers, including but not limited to Desert AIDS Project, to disclose, whenever requested to do so by AAP – Food Samaritans (hereinafter AAP) or its representatives, any and all information available concerning me, with respect to medical diagnosis and financial circumstances.

This authorization is to permit AAP or its representatives, when in possession of this original or a photocopy, to inspect, examine and photocopy all records pertaining to my diagnosis and my financial circumstances, or to permit those records to be copied and released to AAP.

I expressly waive my privacy rights under California Health & Safety Code 120975 and other applicable State and Federal law to permit the release to AAP of information, which may be protected by law.

This authorization shall become effective immediately and shall remain in effect for as long as I receive benefits from APP but in no event longer than one year. I may revoke this authorization at any time.

Initials _____

2. I hereby authorize AAP to obtain a copy of my credit report at their discretion.

Initials _____

3. I hereby declare under penalty of perjury, under the laws of the State of California, that I have fairly and fully disclosed my financial circumstances to AAP, that I am eligible to receive benefits from AAP because I have been properly diagnosed with a terminal illness or HIV/AIDS, and that my household income does not exceed \$18,090 annually (\$1,507.50 per month) per person from all sources, to provide for my living expenses.

I agree that, if at any time, my resources exceed \$18,090.00 annually, I shall promptly notify AAP and that if I fail to do so, I shall reimburse AAP for any benefits received by me during the entire period that I was ineligible to receive benefits.

Initials _____

Client's Signature

Date

RELEASE OF INFORMATION TO ANY ENTITY OTHER THAN AAP IS PROHIBITED.

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	559-456-7227
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	859-669-3592

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

FEDERAL POVERTY INCOME GUIDELINES

For Program Year 2015 to 2016

Maximum Income Levels

Family Size	12 Months Income			6 Months Income			1 Month Income		
	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline
1	11,770	14,713	17,655	5,885	7,356.50	8,827.50	980.83	1,226.08	1,471.25
2	15,930	19,913	23,895	7,965	9,956.50	11,947.50	1,327.50	1,659.42	1,991.25
3	20,090	25,113	30,135	10,045	12,556.50	15,067.50	1,674.17	2,092.75	2,511.25
4	24,250	30,313	36,375	12,125	15,156.50	18,187.50	2,020.83	2,526.08	3,031.25
5	28,410	35,513	42,615	14,205	17,756.50	21,307.50	2,367.50	2,959.42	3,551.25
6	32,570	40,713	48,855	16,285	20,356.50	24,427.50	2,714.17	3,392.75	4,071.25
7	36,730	45,913	55,095	18,365	22,956.50	27,547.50	3,060.83	3,826.08	4,591.25
8	40,890	51,113	61,335	20,445	25,556.50	30,667.50	3,407.50	4,259.42	5,111.25
9	45,050	56,313	67,575	22,525	28,156.50	33,787.50	3,754.17	4,692.75	5,631.25
10	49,210	61,513	73,815	24,605	30,756.50	36,907.50	4,100.83	5,126.08	6,151.25
For each additional household member add:	4,160	5,200	6,240	2,080	2,600	3,120	346.66	433.33	520.00

Effective: 20-January-2015 thru 19-January-2016

100% = Baseline Eligibility for CSBG funded Programs

125% = Maximum Eligibility for CSBG funded programs.

150% = Maximum Eligibility for United Way Rent and Utility Assistance programs, and the EPSP and ESG programs.