**SYELP Family Income Statement**

**Applicant Name: Age as of Date of Application**

**If the applicant has the family’s most recent tax return, complete the table below.** Enter the corresponding income limit from the table on the right. Determine if the applicant is eligible.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Income Tax Information** | | | | |  | **# of Family\* Members in Household** | **185% of FPL** |
| Number of Dependents (*1040 page 1*) | | | |  |  | 1 | $23,606 |
| Plus, the Filer & Spouse, if applicable | | |  | |  | 2 | $31,894 |
| Adjusted Gross Income (*1040 line 7*) | | |  |  |  | 3 | $40,182 |
|  | | |  |  |  | 4 | $48,470 |
| **Eligibility Determination** | | |  | |  | 5 | $56,758 |
|  | Income Limit (based on Family Size) | |  | |  | 6 | $65,046 |
|  | |  |  | |  | 7 | $73,334 |
| **Is this applicant eligible?** | | |  | |  | 8 | $81,622 |
| *(Is the adjusted gross income within the* | | |  | |  | *For families\* with more than 8 members, add $8,288 for each additional person.* | |
| *income limit for that family size?*) Yes No | | | | |  |

**If the applicant does not have the family’s most recent tax return, complete the table below.** List each family member (include only parents and dependents as defined by the IRS\*). Enter the income amount and frequency. Calculate annual income. Determine if the applicant is eligible using information from the table above right.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # Family Members | Name | Relationship | DOB or Age | Income Amount | Income Frequency | Annual  Income |
| 1 |  | Self/Applicant |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Family Income Information** |  |  |
| Total Family Members\* |  |  |
| Total Family Annual Income |  |  |
|  |  |  |
| **Eligibility Determination** |  |  |
| Income Limit *(based on # of Family Members)* |  |  |
|  |  |  |
| **Is this applicant eligible?** |  |  |
| (Is adjusted gross income within | Yes No |  |
| the income limit for that family size?) |  |

|  |  |
| --- | --- |
| **Certification** | I attest that to the best of my knowledge the information above is true and correct. |

Applicant Signature Date Parent/Guardian Signature Date

*(if applicant is under 18)*

Provider Staff Signature Date

\*Family is two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are in one or more of the following categories: 1. Married couple & dependent children, 2. Parent(s) or guardian & dependent children; or Married couple. A dependent child is defined as younger than 19 years or a student who is younger than 24 years by the end of the calendar year or permanently & totally disabled.