

# SYELP Family Income Statement

**Applicant Name:** \_\_\_\_\_ **Age at 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) Plus, the Filer & Spouse, if applicable	1	\$23,828
Adjusted Gross Income (1040 line 7)	2	\$32,227
	3	\$40,626
	4	\$49,025
	5	\$57,424
	6	\$65,823
	7	\$74,222
	8	\$82,621
<i>For families* with more than 8 members, add \$8,399 for each additional person.</i>		
Eligibility Determination		
Income Limit (based on Family Size)		
<b>Is this applicant eligible?</b>		
<i>(Is the adjusted gross income within the income limit for that family size?)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> 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; enter 0 for family members with no income. Calculate annual income. Determine if the applicant is eligible using information from the table above right.

# Family Members	Name	Relationship	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)	_____
<b>Is this applicant eligible?</b>	
<i>(Is adjusted gross income within the income limit for that family size?)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Certification</b>	I attest that to the best of my knowledge the information above is true and correct.
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Applicant Signature	Date	Parent/Guardian Signature <i>(if applicant is under 18)</i>	Date
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.