

State Personal Assistance Services (SPAS) INCOME DETERMINATION

Name:										
Social Security Number:										
		Earned Income	* (Enter the a	mounts earned	for the applica	ble line	item b	elow)		
Wages, salaries, tips							\$			
Self-employment, business and farm income after deduction of business expenses							\$			
Unearned Income* (Enter the amounts received for the applicable line item below)										
Interest (taxable and non-taxable)							\$			
Social Security (SSA) income							\$			
Dividends							\$			
Taxable state income tax refunds and credits							\$			
The portion of scholarships, awards or fellowship grants used for living expenses							\$			
Alimony received							\$			
Capital/other gains							\$			
IRA distributions (taxable amount only)							\$			
Pensions and annuities							\$			
Rental real estate income and royalties							\$			
Unemployment Compensation							\$			
Other income, if taxable (such as prizes, jury duty, etc.)							\$			
				Total Incor	me					
Total Earned Income							\$ 0.00			
+ Total Unearned Income							\$ 0.00			
= Total Income							\$ 0.00			
Federal Poverty Guidelines for Basic Living Requirements (BLR) 650% over FPG										
(Circle the appropriate family size)										
Family Size	1	2	3	4	5	6		7	8	
BLR					\$228,410.00				\$328,640.00	
For family units with more than 8 members, add \$5,140 for each additional member										
Does the income exceed the Basic Living Requirement?						☐ Yes ☐ No				
I certify	the informati	on is correct ar	nd complete to	the best of my	knowledge.					
Participant's Signature					 Date					
Verified by					 Date					

VERIFICATION DOCUMENTS MUST BE ATTACHED FOR ALL INCOME