

**Worksheet on Family Income  
Eligibility for TANF-Funded Services**  
(Back of Eligibility Form TANF-EZ #TI01-06 Revised 3/24/03)

<b>200 Percent of the Federal Poverty Level as of February, 2003</b>		
<a href="http://aspe.hhs.gov/poverty/02poverty.htm">http://aspe.hhs.gov/poverty/02poverty.htm</a>		
Family Size	Annual Income	Monthly Income
1*	\$17,960	\$1,497
2	\$24,240	\$2,020
3	\$30,520	\$2,543
4	\$36,800	\$3,067
5	\$43,080	\$3,590
6	\$49,360	\$4,113
7	\$55,640	\$4,637
8	\$61,920	\$5,160

*If Family Size is over 8, add \$6,280 for each additional member.*

*\*This family size category should only be used when determining eligibility for a parent of a minor child whose child does not reside in the home of the applicant.*

**Financial Eligibility (to be completed by program staff person):**

- |   |   |
|---|---|
| <p>1. Family size: _____ (number of adults and minor children who are related to each other; Non-custodial parents need not live w/their minor child and should use a family size of one.</p> | <p>2. The total family earned income is \$ _____ per (week, month or year) _____. (This is money earned from employment, this amount is before taxes)</p> |
| <p>3. Convert to a monthly amount (divide yearly amount by 12) and list the family's total monthly income: \$ _____</p>   |   |
| <p>4. Is this amount <b>less than 200%</b> of the federal poverty level on the above chart?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>                                |   |

***If YES, the family is eligible for TANF-funded services. If NO, the family is not eligible for TANF funded services based on earned income.***

Comments / Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of program staff person (Please print): _____	Signature: _____ Date: _____
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