



# Low-Income Eligibility Form

Income limits apply as follow (based on prior year):

Household Size*	1	2	3	4	5	6	7	8
Annual Income	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860

\*Add \$8,840 per household member above eight

## **Automatic Eligibility**—Present or send one of the following:

- Medi-Cal or California Electronic Benefit Transfer (EBT) card or Medi-Care card
- Letter from local Homeless Shelter, i.e.: The Gathering Inn stating you are currently residing or on their waiting list
- Women, Infants & Children (WIC) Supplemental Nutrition Program
- If you receive benefits from SSA, or you receive benefits from your local Human Services Agency, you may attach a document from those agencies dated within the last 30 days stating that you are currently receiving those benefits.

## **Customers not enrolled in the programs listed above:**

- Provide a copy of prior years tax return, or if you did not file, attach proof of your “Non-Filers” status, which you may obtain from the IRS online or by phone.

### **Customer Acknowledgement**

I understand that eligibility under this program is dependent on available funds we receive from local contributions. If you are deemed eligible, and funds are not currently available, you will be placed on our waiting list. INITIAL HERE: \_\_\_\_\_

## **Customer Information (Please Complete):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **FOR STAFF USE - Government-issued identification verified (select one):**

- Driver's License or State Issued ID
- Passport
- Military ID
- Other: \_\_\_\_\_

Verifiers Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## **Approval:**

Approved  Denied \_\_\_\_\_

## **Documentation:**

Automatic Eligibility: \_\_\_\_\_  Other Eligibility: \_\_\_\_\_