

Name: \_\_\_\_\_

Date: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

Do you live in James City County? Yes / No If no, stop; please see the receptionist, do not complete this form.

**This is not an application.** It does not determine your eligibility for financial assistance. To apply, please see receptionist for an application. **if you do apply, the information you give must be verified and will be matched against computer records to determine if the information you listed is accurate.**

Name - List <u>all</u> persons beginning with yourself who are living in the home, <u>even</u> if you are not applying for each person.	Relationship to you (spouse, parent, child, etc.)	Age	Do you buy, cook, eat your meals together? Yes/No	Currently working? If yes, list employer. If no, write NO.	Date and amount of last pay check received.	
					Date	Amount

**LIST MONTHLY HOUSEHOLD INCOME** - for you and everyone in your home, enter the total amount on each line (1-12) below for every type of income listed; if none write \$0, do not leave blank.

	\$Amount
1. MONEY FROM WORK (Total monthly pay, before taxes; include all salary, wages, tips, commissions, etc.)	\$
2. SELF-EMPLOYMENT INCOME (money from a business, farm or hobby)	\$
3. SSA (Social Security Benefits)	\$
4. SSI (Supplemental Security Income)	\$
5. VETERANS BENEFITS	\$
6. CHILD SUPPORT or ALIMONY	\$
7. SHORT TERM DISABILITY BENEFIT	\$
8. RETIREMENT/PENSIONS	\$
9. MILITARY ALLOTMENT	\$
10. UNEMPLOYMENT INCOME	\$
11. WORKER'S COMPENSATION	\$
12. Any money received from any other source including side jobs and money received from family and friends.	\$
<b>13. TOTAL MONTHLY HOUSEHOLD INCOME (Add lines 1-12 above)</b>	<b>\$</b>

**IMPORTANT!** Compare your **Total Monthly Household Income** (Line 13, above) to the **Income Charts** on the right to see if you may be eligible for one of these programs, based on the number of people in your home. If your income is under the limit, **you may be eligible**.

## INCOME CHARTS

(Monthly Household Income Limits)

### FOOD STAMPS and ENERGY ASSISTANCE

People in your home	Income Limit
1	\$1,127
2	\$1,517
3	\$1,907
4	\$2,297
5	\$2,687
6	\$3,077
7	\$3,467
8	\$3,857

### TANF: Temporary Assistance for Needy Families

People in your home	Income Limit
1	\$270
2	\$424
3	\$546
4	\$662
5	\$781
6	\$875
7	\$990
8	\$1,113

### MEDICAID for children and pregnant women

People in your home	Income Limit
1	\$1,201
2	\$1,615
3	\$2,030
4	\$2,444
5	\$2,859
6	\$3,273
7	\$3,688
8	\$4,102

### FAMIS for children without health insurance

People in your home	Income Limit
1	\$1,805
2	\$2,429
3	\$3,052
4	\$3,675
5	\$4,299
6	\$4,922
7	\$5,545
8	\$6,169

