

HOME-ARP INCOME WORKSHEET

Name of Participant _____

Number of People in Family _____ Household type 1-Single, Non-Elderly 2-Elderly 3-Single Parent 4-Two Parents 5-Other

	Person 1	Person 2	Person 3	Person 4	Person 5
Wages / Salary* (before payroll deductions)					
Net Income (from operation of a business)					
Interest / Dividends					
Social Security					
Retirement Funds					
Pensions					
Disability or Death Benefits					
Annuities					
Insurance Policies					
TOTAL (Add all items above)					

*Includes overtime, commissions, fees, tips, and bonuses.

Total Gross Income (of everyone over 18) _____

Total Income After Eligible deductions _____

Deductions include \$525.00 for elderly household, \$480.00 per dependent, out-of-pocket childcare expenses, and medical and disability expenses in excess of 3% of income

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¶	¶	1-PERSON¶	2-PERSON¶	3-PERSON¶	4-PERSON¶	5-PERSON¶	6-PERSON¶	7-PERSON¶	8-PERSON¶
EXTREMELY-LOW-INCOME¶	(30%-AMI)¶	\$22,200¶	\$25,400¶	\$28,550¶	\$31,700¶	\$34,250¶	\$36,800¶	\$39,350¶	\$41,850¶
VERY-LOW-INCOME¶	(50%-AMI)¶	\$37,000¶	\$42,250¶	\$47,550¶	\$52,800¶	\$57,050¶	\$61,250¶	\$65,550¶	\$69,700¶
PROJECT-SPECIFIC¶	(60%-AMI)¶	\$44,400¶	\$50,700¶	\$57,060¶	\$63,360¶	\$68,460¶	\$73,500¶	\$78,600¶	\$83,640¶
LOW-INCOME¶	(80%-AMI)¶	\$59,150¶	\$67,600¶	\$76,050¶	\$84,500¶	\$91,300¶	\$98,050¶	\$104,800¶	\$111,550¶

^ Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9-person is 140% of 4-person AMI). ¶

Percentage Area Median Income _____ 30% 50% 60% 80%

Use your household gross income and the table above to determine Percentage Area Median Income.

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge.
I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055.
I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

Client Signature

Date

Agency Signature

Date