

For Employer Use: Employee # _____

Employee Address: _____

I reside in Public Housing: Yes No

I / my family participate in one or more of the following public benefits programs:

Section 8 Voucher Yes No

Food Stamps Yes No

Child Care Subsidy Yes No

Free / Reduced Lunch Program Yes No

If your answer to all of the above was No, please check the appropriate box below to show the size of your household and your total household income. Please check only one box.

Number in Household	Income Break Point	Total Household Income is Higher	Total Household Income is Lower
1 individual	\$41,350		
2 individuals	\$47,250		
3 individuals	\$53,150		
4 individuals	\$59,050		
5 individuals	\$63,800		
6 individuals	\$68,500		
7 individuals	\$73,250		
8 individuals	\$77,950		