



Sweeter Dreams Income Verification Form

Name of Parent of Guardian	
Names of Household Members:	- - - - -

Number of Twin Beds Requested	0	
Number of Cribs Requested:	0	

In the table below, please **circle** the **number of persons** (adults and children) living in the household and then **circle** the corresponding **household income** in that row

	Family Size							
	1	2	3	4	5	6	7	8
Percent of Area Median Income	1	2	3	4	5	6	7	8
80%	\$63,520	\$72,560	\$81,600	\$90,640	\$97,920	\$105,200	\$112,400	\$119,680
70%	\$55,580	\$63,490	\$71,400	\$79,310	\$85,680	\$92,050	\$98,350	\$104,720
Low 60%	\$47,640	\$55,420	\$61,200	\$67,980	\$73,440	\$78,900	\$84,300	\$89,760
50%	\$39,700	\$45,350	\$51,000	\$56,650	\$61,200	\$65,750	\$70,250	\$74,800
40%	\$31,760	\$36,280	\$40,800	\$45,320	\$48,960	\$52,600	\$56,200	\$59,840
Extremely Low 30%	\$23,820	\$27,210	\$30,600	\$33,990	\$36,720	\$39,450	\$42,150	\$44,880

0		3/29/2024
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Green Chair Signature: _____ Date: _____

			Reference # (Office use only)