

DETERMINATION OF PARTICIPANT FINANCIAL NEED

Poverty Thresholds x 200%	
Household Members	Household Income Threshold
1	\$ 21,780.00
2	\$ 29,420.00
3	\$ 37,060.00
4	\$ 44,700.00
5	\$ 52,340.00
6	\$ 59,980.00
7	\$ 67,620.00
8	\$ 75,260.00
9	\$ 82,900.00

Participant Name and Income	List below other people residing with the Participant related by birth, marriage, or adoption. Their Income should be shown in the chart below to determine financial need of Participant.	Total # in Family Including Participant	Allowable Household Income

Persons in Family

Relationship to Participant

Tom	Janice	Stave	Jim						4	\$ 44,700
	Wife	Son	Uncle							

Income

(Reflects amount received in the preceding calendar year.)

	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input checked="" type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	
No Reportable Income										
Earnings		\$18,500		\$19,500						\$38,000
Unemployment Compensation	1,500									\$1,500
Workers' Compensation										\$0
Social Security Income										\$0
Public Assistance										\$0
Veterans' Payments										\$0
Survivor Benefits										\$0
Pension or Retirement Income										\$0
Interest and Dividends										\$0
Rents										\$0
Royalties										\$0
Income From Estates										\$0
Trusts										\$0
Educational Assistance										\$0
Alimony										\$0
Child Support										\$0
Assistance From Outside the Household										\$0
Other:										\$0
										\$0
										\$0
Total Income	\$1,500	\$18,500	\$0	\$19,500	\$0	\$0	\$0	\$0	\$0	\$39,500

(To determine the Participant's eligibility, the Total Number of Family Members and Annual Household Income is compared to the Census Bureau Poverty Levels x 200%.)

Participant Eligible for JET Funding?	YES
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By signing below the participant certifies that all information above is true and accurate.

Participant Signature

Date:

By signing below, I certify that I have reviewed the following for each person that qualifies as "family" as defined by the Census Bureau: 1) the prior year tax returns and supporting W2s, and 2) the most recent 3 months' paystubs or the year-to-date figures from the most recent paystubs.

Date: