FOR OFFICE USE ONLY

Income Verification

2024 Federal Poverty Level Guidelines Based On Annual Income

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,060	\$45,180
2	\$20,440	\$61,320
3	\$25,820	\$77,460
4	\$31,200	\$93,600
5	\$36,580	\$109,740
6	\$41,960	\$125,880
7	\$47,340	\$142,020
8	\$52,720	\$158,160
Each Additional	+\$5,380	+\$16,140 for each additional family member

L	Lacii Addidollai	*\$5,360	*5 to, 140 tol each auditional family memb
A	ctual Annual Verified Gr	oss Household (Family) Incon	ne: \$
*#	Attach copies of documents u	sed to verify income prior to enrollm	nent
F	amily Size (per PKC guid	delines):	
	•	elow 300% of federal poverty level reust be verified prior to enrollment.	elative to family size (required risk factor). Consider
St	aff Verifying Income and R	isk Factors Signature	Date
	3807 75 30	(100% of FPL or below)	
		Head Start. After enrollment pac art letters with information on loca	kets are submitted, the district will send families ations, program details, etc.
	I have been informed of my	child's possible eligibility for Head	Start.
	EPS can share family appli	cation/income/contact information w	rith Head Start staff.
M	y signature below indicates t	nat I have been informed and agree	
Pa	arent/Guardian Name		Pate
Pa	arent/Guardian Signature		Pate