

**MFIP/DWP
Statement of Income**

Applicant Name: _____

Address: _____

City, State, Zip: _____

1. Statement of Income A

Are you receiving or has it been verified that you are eligible to receive benefits through the following programs?

- | | | |
|-------------------|------------------------------|-----------------------------|
| TANF/MFIP/DWP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SNAP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SSI/SSDI benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you have answered “yes” to any of the above you don’t need to complete #2.
Provide your signature and the date on the bottom of the form.**

2. Statement of Income B

If you are not receiving or have not been determined to be eligible for the above programs, please provide the following information:

Family Size/number of persons in the household in applicant’s tax unit: _____

Total Gross Household Income for the past six month: \$_____ x 2 = \$_____

Based on the above annualized income, the applicant’s total gross household income is less than or equal to 200% of federal poverty guidelines (see chart below): Yes No

Household size	2024 poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
Each add 'l person	\$ 5,380

* <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Please indicate all that apply.

Have you lived in Minnesota for at least 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a minor child in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a non-custodial parent of a minor child receiving MFIP assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I may be ineligible if my financial situation changes.

Applicant signature: _____ Date: _____

Staff signature: _____ Date: _____