Michigan $aves!
Income Eligibility Calculation Sheet

Participant Name:_____
IDA Program Eligibility Calculation Date:_____

TOTAL Household Size:_____ Income Threshold: 200% of Poverty $_____
Adults (18 yrs+):_____
Children w/names and dates of birth:_____
_____
_____

Please provide the previous 12 months of income for each Household Member. Show each income source separately and attach all income source documents.

Name	Income Source & Document	Date From	Date To	Amount

IDA Program Eligible: Yes No **TOTAL Income for the past 12 months $_____**
TANF Eligible: Yes No

Describe any special circumstances relevant to the income calculations including identifying periods and conditions when there was no household income.

_____

_____

_____

I hereby attest that the above information is true and correct to the best of my ability and understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud and/or recovery of any benefit provided on my behalf.

Applicant Signature:_____Date:_____

Agency Representative Signature:_____Date:_____