

#### **Credentials Financial Need Reference Sheet**

A learner meets the financial need requirement if they demonstrate financial need through one of the measures below during the process of applying for your training program. The measure used to demonstrate their financial need will also determine which reimbursement rate group the learner falls into.

Group A	Group B			
<ul> <li>Eligibility for any of the following public benefits:</li> <li>Free and Reduced-Price Lunch</li> <li>Temporary Assistance for Needy Families (TANF) Benefits</li> <li>Supplemental Nutrition Assistance Program (SNAP) Benefits</li> <li>Medicaid</li> <li>Supplemental Security Income (SSI) or Disability Benefits</li> <li>HUD Housing Choice (Section 8 Housing) Vouchers</li> <li>Women, Infants, and Children (WIC) Benefits</li> </ul>				
A household income that is too low to require Federal Income Tax Filing				
A total household annual income at or below 60% Area Median Income (AMI) for the calendar year in which their training began (AMI rates can be found below)	A total household annual income between 61- 80% Area Median Income (AMI) for the calendar year in which their training began (AMI rates can be found below)			
At or below Pell Grant limit				
EFC between 101-150% Pell Grant limit	EFC between 201-250% Pell Grant limit			
EFC between 151-200% Pell Grant limit				

"Household" is determined by tax filing status. If a learner lives with their parents but is not claimed as a dependent, only the learner's household income should be considered when determining financial need.

A Financial Need Affidavit is included at the end of this reference sheet. This specific document is not required by PDF but can be used if you do not have an internal document that can be produced in the case of an audit to verify eligibility.



#### 2023 Area Median Income

Use the chart that corresponds to the calendar year in which the learner's training began.

All income amounts are based on Adjusted Gross Income.

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<mark>Group A</mark> (At or Below 60% AMI)	\$52,140 or below	\$59,580 or below	\$67,020 or below	\$74,460 or below	\$80,460 or below	\$86,400 or below	\$92,340 or below	\$98,340 or below
<u>Group B</u> (61-80% АМІ)	\$52,141- \$66,300	\$59,581- \$75,750	\$67,021- \$85,200	\$74,461- \$94,650	\$80,461- \$102,250	\$86,401- \$109,800	\$92,341- \$117,400	\$98,341- \$124,950

Family sizes in excess of 8 persons are calculated by adding 8% of the four-person income limit for each additional family member. That is, a 9-person limit should be 140% of the 4-person limit, the 10-person limit should be 148%.

The income limit values for large households (9-12 persons) must be rounded to the nearest \$50. Therefore, all values from 1 to 24 are rounded down to 0, and all values from 25 to 49 are rounded up to 50.



#### **Financial Need Affidavit**

The purpose of this document is to confirm that the below-named leaner meets the financial need requirement for their training provider to receive reimbursement funding from Prosperity Denver Fund.

Learner First and Last Name: Date of Birth: Training Provider:

# 1. Did you complete the Free Application for Federal Student Aid (FAFSA) for your first year of post-secondary education?

□ Yes □ No (if no, you may skip to question 4)

## 2. Did you receive a Federal Pell Grant for your first year of post-secondary education?

□ Yes (if yes, you may skip the remaining questions and sign on the final page) □ No

## 3. What was your Expected Family Contribution (EFC)\* for your first year of post-secondary education?

If EFC is provided, you may skip the remaining questions and sign on the final page

*Your EFC is displayed in the upper right-hand corner of your FAFSA Student Aid Report (SAR)* 

#### 4. Were you eligible for Free and Reduced-Price Lunch during high school?

□ Yes

□ No



## 5. Please check any of the boxes below that your household is currently receiving:

□ Temporary Assistance for Needy Families (TANF) Benefits

- □ Supplemental Nutrition Assistance Program (SNAP) Benefits
- □ Medicaid Eligibility
- □ Supplemental Security Income (SSI) or Disability Benefits
- □ Section 8 Housing Vouchers
- □ Women, Infants, and Children (WIC) Benefits
- □ An income that is too low to require a Federal Income Tax Filing

## 6. Is your total gross household annual income at or below 60% of Area Median Income (AMI) ?

□ Yes

□ No

#### 6. 6. Is your total gross household annual income between 61-80% of Area Median Income (AMI) ?

□ Yes □ No

By signing below, I authorize my training provider to release the information specified in this document to Prosperity Denver Fund. I confirm that the information provided is accurate to the best of my knowledge.

Signature of Learner

Signature Date