

**United States Department of Health and
Human Services
2008 Poverty Guidelines
Based on Yearly Income***

| Size of Family Unit | Poverty 100% | Poverty 125% | Poverty 150% | Poverty 200% | Poverty 250% |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | \$10,400 | \$13,000 | \$15,600 | \$20,800 | \$26,000 |
| 2 | \$14,000 | \$17,500 | \$21,000 | \$28,000 | \$35,000 |
| 3 | \$17,600 | \$22,000 | \$26,400 | \$35,200 | \$44,000 |
| 4 | \$21,200 | \$26,500 | \$31,800 | \$42,400 | \$53,000 |
| 5 | \$24,800 | \$31,000 | \$37,200 | \$49,600 | \$62,000 |
| 6 | \$28,400 | \$35,500 | \$42,600 | \$56,800 | \$71,000 |
| 7 | \$32,000 | \$40,000 | \$48,000 | \$64,000 | \$80,000 |
| 8 | \$35,600 | \$44,500 | \$53,400 | \$71,200 | \$89,000 |
| | | | | | |
| FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD FOR EACH ADDITIONAL MEMBER. | \$ 3,600 | \$ 4,500 | \$ 5,400 | \$ 7,200 | \$ 9,000 |

*Depending on the program, some of your expenses may be excluded from your income. Please contact the program you are interested in for additional information