

2017 Federal Poverty Guidelines

FAMILY MEMBER SIZE	MAXIMUM YEARLY INCOME AT OR BELOW TO QUALIFY FOR HCAP	YEARLY INCOME AT OR BELOW TO QUALIFY FOR HOPE PROGRAM	ANNUAL INCOME AT OR ABOVE TO QUALIFY FOR A PAYMENT PLAN
1	\$12,060	\$23,999.40	\$24,120
2	\$16,240	\$31,317.60	\$32,480
3	\$20,420	\$40,635.80	\$40,840
4	\$24,600	\$48,954.00	\$49,200
5	\$28,780	\$57,272.20	\$57,560
6	\$32,960	\$65,590.40	\$65,920
7	\$37,140	\$73,908.60	\$74,280
8	\$41,320	\$82,226.80	\$82,640
	ADD \$4,180 FOR EACH ADDITIONAL PERSON	ADD \$8,318.20 FOR EACH ADDITIONAL PERSON	ADD \$8,360 FOR EACH ADDITIONAL PERSON