

Income Eligibility Form

You may qualify for additional assistance from RochesterWorks based on your income. A staff member will help you fill out this form to see whether you are eligible.

1. Are you a member of a family that received cash public assistance benefits, including TANF, Family Assistance, Safety Net, SNAP (Food Stamps), or SSI during the past six months? **Yes** **No**
If so, you may skip Question 2. Please sign and date below.

OR

2. If your family income in the past six months was less than the amount listed in the table below, please answer the following questions:
- a. Including yourself, how many members are there in your family? _____
 - b. What was your total family income in the six months before you registered with RochesterWorks? \$ _____

I attest that the information provided is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

***Income requirements are subject to update by the US Department of Labor (last updated May 13th, 2025).**

Household Income at Highest of 70% of the Lower Living or Poverty Income Guidelines, 2025	
Family Size	6 Month Income
1	\$7,825
2	\$11,490
3	\$15,770
4	\$19,468
5	\$22,976
6	\$26,867
7	\$30,759
8	\$34,650
9	\$38,542
10	\$42,433

RochesterWorks is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.