

Federal TRIO Programs 2009 Annual Low Income Levels

(Effective January 23, 2009 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$16,245	\$20,295	\$18,690
2	\$21,855	\$27,315	\$25,140
3	\$27,465	\$34,335	\$31,590
4	\$33,075	\$41,355	\$38,040
5	\$38,685	\$48,375	\$44,490
6	\$44,295	\$55,395	\$50,940
7	\$49,905	\$62,415	\$57,390
8	\$55,515	\$69,435	\$63,840

For family units with more than eight members, add the following amount for each additional family member: \$5,610 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,020 for Alaska; and \$6,450 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#), Vol. 74, No. 14, January 23, 2009, pp. 4,199-4,201.

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I _____ parent/guardian of _____ certify that I meet the Federal TRIO Programs 2009 Annual Low Income Levels because the number in my household is _____ and my annual income is \$_____. I have also checked the box on the chart above to indicate my household number and income level.

Signed parent/guardian

Date