

CERTIFICATION OF INCOME ELIGIBILITY

Client Name and Contact Information	
Number of Persons in Household	
Gross Annual Income*	\$

**Annual Income is based on the most recent 30-day period, projected for the next 12 months. Income sources terminated in the last month do not need to be included in this calculation.*

Instructions for Case Manager/Third Party Verifying Income:

Note: the client MUST call The Lift Garage for an appointment. We do not need this form completed until the date of their appointment. We will not call them upon receipt of this form.

This form is to certify that the income received by the above named individual does not exceed the following income eligibility guidelines for services from The Lift Garage:

Household Size	150% of Federal Poverty Guidelines (Yearly/Monthly/Weekly)
1 person	\$21,870 / \$1,823 / \$421
2 persons	\$29,580 / \$2,465 / \$569
3 persons	\$37,290 / \$3,108 / \$717
4 persons	\$45,000 / \$3,750 / \$865
5 persons	\$52,710 / \$4,393 / \$1,014
6 persons	\$60,420 / \$5,035 / \$1,162

Documentation of Client Income:

The Lift Garage expects that third parties completing this form will maintain source documents used to determine income for clients who are planning to be customers at the Lift (following your agency's retention policies). We do not require that you submit this documentation, **only this signed Certification of Income Eligibility.**

Certification of Client Income Eligibility:

I certify that I the household of _____ is at/below 150% of Federal Poverty Guidelines.
Client Name

Case Manager / Agency Staff Signature

Date

Referral Agency Name

RETURN FORM TO: incomeverification@theliftgarage.org
 612-866-5840 (phone)

2401 E Lake St, Minneapolis, MN 55406
WE DO NOT HAVE A FAX