

Statement of Income Eligibility 2015-2016

Please use the Household Size and Annual Income (Adjusted Gross Income - 2014 Tax Return) Scale below to determine if you are Eligible or NOT Eligible for a subsidy for payment of AP Exams.

Federal 2014-2015 Annual Low-Income Levels Effective July 2015-June 2016	
Household Size	Annual Income
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,225
7	\$67,951
8	\$75,647
Each additional family member add:	+\$7,696

Check box:

- Eligible for subsidy for AP exam(s)** – Complete Form Below
- NOT Eligible for subsidy for AP exam(s)** – Do **Not** Complete Form Below

Complete the information below only if eligible for the subsidy as per Federal 2015-2016 Income Scale above.

I, _____, parent/guardian, of _____,
(Student name)

certify that my family household income is within the income guidelines for a family of _____ (write number of family members).

 Parent/Guardian Signature

 Date