

2015–16 Statement of Income Eligibility

Advanced Placement /International Baccalaureate Test Fee Program

I, _____, parent/guardian, of
_____ (student's name), have received a copy of the
Federal 2015–2016 Annual Low-Income Levels*. I certify that my family
household income is within the income guidelines for a family of _____
(write number of family members).

Parent/Guardian Signature Date

* Household income does not exceed 185 percent of the federal poverty
income guidelines.

2015–16 Declaración de Elegibilidad de Ingresos

Advanced Placement /International Baccalaureate Test Fee Program

Yo, _____, padre/tutor legal, de
_____ (nombre del estudiante), he recibido copia de
los **Ingresos del Nivel Federal para Elegibilidad para el año escolar 2015–
16***. Yo declaro que los ingresos de mi hogar están dentro de los directivos de
una familia de _____ (apunte cuantos de familia).

Firma de Padre/Tutor Legal Fecha

* Los ingresos del hogar no excede el 185 por ciento de los directivos
federales de pobreza.

Federal 2015–16 Income Eligibility Guidelines Advanced Placement/International Baccalaureate Test Fee Program

Effective July 1, 2015 through June 30, 2016

Size of Family Unit	185 Percent Income Level				
			Twice Per	Every Two	
	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member	\$7,696	\$642	\$321	\$296	\$148

The figures shown under family income represent amounts equal to 185 percent of the family income levels established by the Department of Agriculture, Food and Nutrition Service, Child Nutrition Programs – Income Eligibility Guidelines, in the Federal Register, Vol. 80, No. 61, March 31, 2015, p.17027.