



Commonwealth of Massachusetts
Department of Transitional Assistance

**Universal Semiannual Reporting (USR)
Income Guidelines Form**

TAO Address

Name _____

Date ____/____/____

Address _____ City/Town _____ ZIP _____

Noncategorical Eligibility USR AU Gross Monthly Income Standards

<u>Assistance Unit Size</u>	<u>Maximum Gross Monthly Income Standard</u>
1	\$ 1,062.00
2	1,430.00
3	1,799.00
4	2,167.00
5	2,535.00
6	2,904.00
7	3,272.00
8	3,640.00
For each additional member	add 369.00

Your household must report changes greater than \$ _____ during your Universal Semiannual Reporting certification period.

Categorical Eligibility USR AU Gross Monthly Income Standards

<u>Assistance Unit Size</u>	<u>200 % of Federal Poverty Level</u>
1	\$ 1,702.00
2	2,282.00
3	2,862.00
4	3,442.00
5	4,022.00
6	4,602.00
7	5,182.00
8	5,762.00
For each additional member	add 580.00

Your household must report changes greater than \$ _____ during your Universal Semiannual Reporting certification period.

AU Manager

Supervisor

(____)_____
Area Code - Telephone

* See instructions on reverse side.

AU Manager Instructions: Fill in the appropriate Gross Monthly Income Standard on the other side of this form and give it to the recipient. **This form is for informational purposes only.** Be sure to tell the recipient to report changes in gross income **over** the amount filled in on the other side of this form.

Recipient Instructions: This form is informational only: **you do not need to return this form to your worker.** If during your food stamp recertification period your total monthly gross income before deductions goes **over** the amount of money your worker has filled in on the other side of this form, you must tell your worker *immediately*.