



# Alabama Ryan White HIV/AIDS Program Part B Income Eligibility Guidelines (Effective April 1, 2016)

Household Size	Annual Poverty Guideline	<u>Gross</u> Wages at or below 300% of Federal Poverty Level (FPL)				
		Annual	Monthly	Twice a Month	Every two weeks	Weekly
1	\$11,880	\$35,640	\$2,970	\$1,485	\$1,371	\$686
2	\$16,020	\$48,060	\$4,005	\$2,003	\$1,849	\$925
3	\$20,160	\$60,480	\$5,040	\$2,520	\$2,327	\$1,164
4	\$24,300	\$72,900	\$6,075	\$3,038	\$2,804	\$1,402
5	\$28,440	\$85,320	\$7,110	\$3,555	\$3,282	\$1,641
6	\$32,580	\$97,740	\$8,145	\$4,073	\$3,760	\$1,880
7	\$36,730	\$110,190	\$9,183	\$4,592	\$4,239	\$2,120
8	\$40,890	\$122,670	\$10,223	\$5,112	\$4,719	\$2,360
≥ 9*	\$4,160	\$12,480	\$1,040	\$520	\$480	\$240

Source: *Federal Register*, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037. Also see <https://aspe.hhs.gov/poverty-guidelines>.

Note: All amounts over a dollar round up to the next whole dollar.

\* For each additional family member, add this amount to the 300% FPL for a household size of eight. For example, the 300% FPL income eligibility limit for a family size of 10 with the client paid every two weeks (e.g., every other Friday) would be calculated by adding \$480 for each family member above 8 (\$4,719) as follows:

$$\$4,719 \text{ (family size 8)} + \$480 \text{ (added for first additional family member)} + \$480 \text{ (added for second additional family member)} = \$5,679.$$

To claim a dependant, the applicant must provide more than one half of all financial support for the dependant and the dependant must reside with the applicant.