

Income Verification Form

Name: _____ **Date:** _____

County: _____

FAMILY SIZE

ANNUAL INCOME

1	\$25,983
2	\$33,978
3	\$41,973
4	\$49,698
5	\$57,963
6	\$65,958

I certify to the best of my knowledge that my annual income falls within the Income Guidelines to be eligible to serve as a County consumer representative on the Semcac Board of Directors.

Signature: _____

Date: _____

February 2019

Candidate Description/Income Verification Form

Name: _____ **Date:** _____

County: _____

Consumer Representative

- **Please write a short description of why you want to be on the Semcac Board of Directors.**