

	<b>Recovery Housing 60- or 90-Day Re-Attestation of Financial Eligibility &amp; Affidavit</b>	
	Client Name	
	Client ID	
	Date Completed	

**200% of Federal Poverty Level Guidelines in 2025**

Family Size	Annual	Monthly
1	\$31,300	\$2,608.33
2	\$42,300	\$3,525.00
3	\$53,300	\$4,441.67
4	\$64,300	\$5,358.33
5	\$75,300	\$6,275.00
6	\$86,300	\$7,191.67
7	\$97,300	\$8,108.33
8	\$108,300	\$9,025.00
Each Additional Person	\$11,000	\$916.66

*Source: US Department of Health and Human Services*

I attest that at this time, I do not have any verifiable income, unemployment benefits, SSI/SSDI benefits or any other source of income. If my status changes, I will notify my Recovery Housing Provider immediately.

Client Signature	Date
Recovery House Manager Name Signature	Date
Recovery House Address	