VAIL HEALTH HOSPITAL

2017 Directrices Federales de Pobreza

DIRECTRICES ANUALES DE INGRESOS

Tamaño de la familia	100% FPG	133% FPG	138% FPG	150% FPG	200% FPG	250% FPG	300% FPG	350% FPG
1	$12,060	$16,040	$16,643	$18,090	$24,120	$30,150	$36,180	$42,210
2	$16,240	$21,599	$22,411	$24,360	$32,480	$40,600	$48,720	$56,840
3	$20,420	$27,159	$28,180	$30,630	$40,840	$51,050	$61,260	$71,470
4	$24,600	$32,718	$33,948	$36,900	$49,200	$61,500	$73,800	$86,100
5	$28,780	$38,277	$39,716	$43,170	$57,560	$71,950	$86,340	$100,730
6	$32,960	$43,837	$45,485	$49,440	$65,920	$82,400	$98,880	$115,360
7	$37,140	$49,396	$51,253	$55,710	$74,280	$92,850	$111,420	$129,990
8	$41,320	$54,956	$57,022	$61,980	$82,640	$103,300	$123,960	$144,620
Para familias/hogares con más de 8 personas, añada $4,180 por cada persona adicional.								

LÍMITES MENSUALES DE INGRESOS

Tamaño de la familia	100% FPG	133% FPG	138% FPG	150% FPG	200% FPG	250% FPG	300% FPG	350% FPG
1	$1,005	$1,337	$1,387	$1,508	$2,010	$2,513	$3,015	$3,518
2	$1,353	$1,800	$1,868	$2,030	$2,707	$3,383	$4,060	$4,737
3	$1,702	$2,263	$2,348	$2,553	$3,403	$4,254	$5,105	$5,956
4	$2,050	$2,727	$2,829	$3,075	$4,100	$5,125	$6,150	$7,175
5	$2,398	$3,190	$3,310	$3,598	$4,797	$5,996	$7,195	$8,394
6	$2,747	$3,653	$3,790	$4,120	$5,493	$6,867	$8,240	$9,613
7	$3,095	$4,116	$4,271	$4,643	$6,190	$7,738	$9,285	$10,833
8	$3,443	$4,580	$4,752	$5,165	$6,887	$8,608	$10,330	$12,052
Para familias/hogares con más de 8 personas, añada $348.34 por cada persona adicional.								