

Homestead Exemption Documentation
Household income below 300 percent of the federal poverty level

This form should be completed by each heir requesting this exemption (Must be a sibling or lineal heir. Lineal heirs typically include one or more children or siblings of the deceased, or their spouses.)

Please complete the three (3) items below and enclose the required income verification.

1. My gross family income was under 300% of the federal poverty level at the time the estate of the decedent, _____, was opened in the probate court.
The chart on the back

(name of decedent)

of this form illustrates how much income corresponds to 300% FPL and whose income is material. No income exclusions or deductions are allowed.

2. Income Verification

- Pay stubs from the past 30 days are attached, **or**
- A copy of my federal tax return covering the applicable period is attached, **or**
- My income is below the level required for filing a federal tax return. I am enclosing alternate verification of my income.

3. ____ I am over age 18 and my family includes *(check all applicable)*:

- self
- spouse or civil union partner
- biological or adoptive children or stepchildren: ____ *(number of children)*

or

- ____ I am under age 18 and my family includes *(check all applicable)*:

- self
- parent or stepparent: ____ *(number)*
- biological or adoptive siblings, stepsiblings, or half siblings, who are younger than age 18: ____ *(number of siblings, stepsiblings or half siblings)*

Affidavit

I, _____, declare that the above statement is true. I understand the information I provide will be subject to verification by federal and state officials to determine if it is correct. This means that sources other than members of my household may be contacted to verify this information. I understand that if any information is not true, I will be subject to prosecution for fraud and/or another criminal offense for knowingly giving false, incorrect, incomplete, or misleading information.

Signature of heir: _____

Relationship to the decedent: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____

Notary Public

My commission expires: _____

Income that Meets 300% Federal Poverty Level Standard

300% FPL		Number of Family Members							
		1	2	3	4	5	6	7	8
2020	<i>monthly</i>	3190	4310	5430	6550	7670	8790	9910	11030
	<i>annual</i>	38280	51720	65160	78600	92040	105480	118920	132360
2019	<i>monthly</i>	3123	4228	5333	6438	7543	8648	9753	10858
	<i>annual</i>	37470	50730	63990	77250	90510	103770	117030	130290
2018	<i>monthly</i>	3035	4115	5195	6275	7355	8435	9515	10595
	<i>annual</i>	36420	49380	62340	75300	88260	101220	114180	127140
2017	<i>monthly</i>	3015	4060	5105	6150	7195	8240	9285	10330
	<i>annual</i>	36180	48720	61260	73800	86340	98880	111420	123960
2016	<i>monthly</i>	2970	4006	5040	6076	7110	8146	9184	10224
	<i>annual</i>	35640	48072	60480	72912	85320	97752	110208	122688
2015	<i>monthly</i>	2943	3983	5023	6063	7103	8143	9183	10223
	<i>annual</i>	35310	47790	60270	72750	85230	97710	110190	122670

People Whose Income must be counted:

The heir's gross family income includes the income of persons presented in the following table, provided that they are living in the heir's household.

Type of Heir	Family Members Income that must be Counted, if Living in the Heir's Household
Adult 18 years or older; or person younger than 18 and emancipated	Heir Heir's spouse or civil union partner Heir's biological or adoptive child or stepchild
Person younger than 18 and not emancipated	Heir Heir's parent Heir's stepparent

(If you have questions, please contact Jennifer Whalen @ DVHA's Member/Provider Services Unit 802-241-9343 or jennifer.whalen@vermont.gov.)

Please mail this form to:

State of Vermont
 Department of Vermont Health Access
 ATTN: Member/Provider Services Unit
 280 State Drive, NOB 1 South
 Waterbury, VT 05671-4020