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COMMISSIONER

# COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF EARLY EDUCATION AND CARE

### INCOME ELIGIBILITY TABLE

#### Use This Form to Determine Family Eligibility:

1. Find the column with the family's size written at the top.
2. Read down the column until you come to the correct income (either annual or monthly).
3. Then read directly across to the left to determine "Percent of State Median Income."
4. Please refer to relevant SMI Percentage (i.e. initial vs. reassessment - OR - special needs) to determine the family's eligibility.

% of State Median Income (SMI)	Family of Two		Family of Three		Family of Four		Family of Five		Family of Six		Family of Seven	
	Annual	Monthly*	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$44,626	\$3,719	\$55,126	\$4,594	\$65,626	\$5,469	\$76,126	\$6,344	\$86,627	\$7,219	\$88,595	\$7,383
85% SMI	\$75,863	\$6,322	\$93,714	\$7,810	\$111,564	\$9,297	\$129,414	\$10,785	\$147,265	\$12,272	\$150,612	\$12,551

% of State Median Income (SMI)	Family of Eight		Family of Nine		Family of Ten		Family of Eleven		Family of Twelve	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$90,564	\$7,547	\$92,533	\$7,711	\$94,502	\$7,875	\$96,470	\$8,039	\$98,439	\$8,203
85% SMI	\$153,959	\$12,830	\$157,305	\$13,109	\$160,653	\$13,388	\$163,999	\$13,667	\$167,346	\$13,946

\*To calculate a monthly income from a weekly income multiply by 4.33.

\*To calculate a monthly income from a bi-weekly income multiply by 2.17.