Program eligibility is based on the **recipient** household income. The recipient household income should be no greater than 300% of the Health and Human Services (HHS) Poverty Guidelines (PG). Please see income requirements below. If the recipient household income is above 300% of HHS PG but the recipient will have difficulty assisting their donor, a waiver for financial hardship may be requested. The donor household income does not determine eligibility. Currently, NLDAC is not accepting Preference Category 2 applications.

**or**

**Recipient**

Income verification documents must be submitted by the **donor and recipient** households and kept on file at the Transplant Center. Documents used to verify income include one of the following; most recent year tax return, pay stubs, documentation of Medicaid, HUD Section 8, WIC, SSDI, etc. Please contact the NLDAC office if you have questions.

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| **300% HHS Poverty Guidelines (PG) 2016** |
| **Persons in family/household** | **48 Contiguous States and DC** | **Alaska** | **Hawaii** |
| 1 | $35,640 | $44,520 | $41,010 |
| 2 | $48,060 | $60,060 | $55,290 |
| 3 | $60,480 | $75,600 | $69,570 |
| 4 | $72,900 | $91,140 | $83,850 |
| 5 | $85,320 | $106,680 | $98,130 |
| 6 | $97,740 | $122,220 | $112,410 |
| 7 | $110,190 | $137,760 | $126,690 |
| 8 | $122,670 | $153,360 | $141,030 |

|  |  |
| --- | --- |
| **CATEGORY 1.** Donor and Recipient income are **BELOW** 300% HHS Poverty Guidelines (PG)2 people icon.jpg2 people icon.jpg**Recipient****Donor** | 2 people icon.jpg**CATEGORY 2.** Donor income is above and Recipient income is below 300% HHS PG - Donor must show Financial Hardship**Donor**2 people icon.jpg**Recipient** |
| 2 people icon.jpg**CATEGORY 3.** Donor income is above and Recipient is below 300% HHS PG. Donor **DOES NOT** need to show Financial Hardship**Donor**2 people icon.jpg**Recipient** | 2 people icon.jpg2 people icon.jpg2 people icon.jpg2 people icon.jpg**CATEGORY 4.** **RECIPIENT** income is **ABOVE** and Donor income may be above/below 300% HHS PG. **RECIPIENT** **MUST SHOW** Financial Hardship**Recipient****Donor** |
| or**Recipient** |  |