# Stipend Eligibility Attestation Form

Thank you for your work on the [*insert workgroup, board, or commission name here*]. Members of this workgroup are eligible for financial compensation for their time and effort, as long as they meet *at least one* of the following two criteria:

1. Have direct, lived experience with the subject of this workgroup.
	* For the purpose of this group, “lived experience” is defined as *[insert your workgroup’s definition of lived experience here*].
2. Qualify as being low income and are not being otherwise compensated for this work already.
* “Otherwise compensated” means that the workgroup member is already being paid for their participation in the workgroup by another party and should therefore not be eligible for additional community compensation. Examples include being paid to attend workgroup meetings in the routine course of your day job if you work for a non-profit, as a paid policy advocate, or a government employee. If you are not sure if you are being “otherwise compensated,” speak to your workgroup manager to confirm.

Members must also consent to fill out a W-9 form for tax purposes and must obtain a Statewide Vendor Number in order to receive payments from a state agency.

This compensation **will be considered taxable income**, so we ask that you consider in

advance whether or not a change in your income could impact benefits such as food assistance, housing assistance, or have any other impacts on your finances. If you are not sure whether this compensation might impact your benefits, or if you have any questions at all, please email *[insert workgroup manager’s contact info here].*

Support is available for people who need assistance filling out the form or translation services.

For more information, you may also review the full Community Compensation Guidelines

from the Washington State Office of Equity here: [Community Compensation Guidelines | Office of Equity](https://equity.wa.gov/resources/community-compensation-guidelines).

## Stipend Request Information

 Full Name (First, Middle, Last):

 Email Address:

 Phone Number:

 Mailing Address:

### Do you have lived experience with the subject matter of this Workgroup?

[ ] Yes, I have lived experience in the subject matter.

[ ]  No, I have not directly, personally experienced the subject matter.

### Do you qualify as low income? (see description and chart below)

[ ]  Yes, I qualify as low-income

[ ]  No, I do not qualify as low-income

Low income" means ‘an individual whose income is not more than 400 percent of the federal poverty level, adjusted for family size.’”

The federal poverty amounts are amended annually by the Health and Human Services Department. Refer to the most current year when determining income eligibility for workgroup members. The [2025 Federal Poverty Guidelines](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines) are shown below.

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| --- |
| **2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia** |
| Persons in family/household | Poverty guideline |
| **1** | **$15,650** |
| **2** | **$21,150** |
| **3** | **$26,650** |
| **4** | **$32,150** |
| **5** | **$37,650** |
| **6** | **$43,150** |
| **7** | **$48,650** |
| **8** | **$54,150** |

Calculation examples:

* 400% calculation: for a family of four, household income could not exceed $128,600 (4 X $32,150)
* To calculate the percentage of poverty level, divide income by the poverty guideline and multiply by 100. So, a family of five with an annual income of $80,000 would be calculated to earn ($80,000/$32,470) x 100 = 246% of the federal poverty guidelines for 2022.

### Do you consent to fill out a W-9 form and to cooperate with all state and federal tax requirements for reporting this income?

[ ]  Yes, I consent

[ ]  No, I do not wish to file

### A statewide vendor number (SVN) is required in order to process payments to you. Do you already have a statewide vendor number?

[ ] Yes

[ ] No

* If you answered yes above, please provide your number here:
* If you answered no above, you can sign and submit this form as is, however you will need to secure a statewide vendor number before payments can be made to you. More information can be found here: <https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>. Contact your Workgroup manager if you need assistance applying for a Statewide Vendor Number.

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Your Name Today’s Date