STANDARDS HISTORY CHART

EFF DATE	DEP CARE LIMIT (ALL)	% Gross INC.	STD DEDUCT AMT	EXCESS SHELTER LIMIT (N-HH)	MINIMUM PRO-RATE AMT	% INCOME SHELTER COST	MED CARE DEDUCT	UTIL STD	NHCS	LUA	TELE STD
10/08	Unlimited (No maximum)	20%	\$144 for 1-3 persons \$147 for 4 persons \$172 for 5 persons \$197 for 6 persons+	\$446	\$10	50%	Exp.>\$35	\$262	\$161	\$59	\$26
10/07	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-3 persons \$143 for 4 persons \$167 for 5 persons \$191 for 6 persons+	\$431	\$10	50%	Exp. >\$35	\$252	\$147	\$55	\$26
10/06	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-3 persons \$139 for 4 persons \$162 for 5 persons \$186 for 6 persons+	\$417	\$10	50%	Exp. >\$35	\$252	\$138	\$55	\$26
10/05	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-4 persons \$157 for 5 persons \$179 for 6 persons+	\$400	\$10	50%	Exp. >\$35	\$252	\$100	\$55	\$26
10/04	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-4 persons \$153 for 5 persons \$175 for 6 persons+	\$388	\$10	50%	Exp. >\$35	\$252	\$100	\$55	\$26
11/03	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-4 persons \$149 for 5 persons \$171 for 6 persons+	\$378	\$10	50%	Exp. >\$35	\$252	\$100	\$55	\$26
10/03	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-4 persons \$149 for 5 persons \$171 for 6 persons+	\$378	\$10	50%	Exp. >\$35	\$252	\$100	N/A	\$26
10/02	\$200 per child <2 \$175 per child >2	20%	\$134 for 1-4 persons \$147 for 5 persons \$168 for 6 persons+	\$367	\$10	50%	Exp. >\$35	\$248	\$88	N/A	\$26
10/01	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$354 HH cert after 3/1/01 \$300 HH cert prior to 3/1/01	\$10	50%	Exp. >\$35	\$248	\$88	N/A	\$26
04/01	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$340 HH cert after <u>3/1/01</u> \$300 HH cert prior to <u>3/1/01</u>	\$10	50%	Exp. >\$35	\$209	\$88	N/A	\$26
03/01	\$200 per child <2 \$175 per child >2	20%	\$134.00	340 HH cert after <u>3/1/01</u> 300 HH cert prior to <u>3/1/01</u>	\$10	50%	Exp. >\$35	\$202	\$80	N/A	\$26

EFF DATE	DEP CARE LIMIT (ALL)	% Gross INC.	STD DEDUCT AMT	EXCESS SHELTER LIMIT (N-HH)	MINIMUM PRO-RATE AMT	% INCOME SHELTER COST	MED CARE DEDUCT	UTIL STD	NHCS	LUA	TELE STD
10/00	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$300	\$10	50%	Exp. >\$35	\$202	\$80	N/A	\$26
10/99	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$275	\$10	50%	Exp. >\$35	\$195	\$80	N/A	\$26
10/98	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$275	\$10	50%	Exp. >\$35	\$195	\$80	N/A	\$26
10/97	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$250	\$10	50%	Exp. >\$35	\$185	N/A	N/A	\$26
01/97	\$200 per child <2 \$175 per child >2	20%	\$134.00	\$250	\$10	50%	Exp.> \$35	\$177	N/A	N/A	\$26