STANDARDS CHART HISTORY

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
04/09	Unlimited (No maximum)	20%	$144 for 1-3 persons $147 for 4 persons $172 for 5 persons $197 for 6 persons+	$446	$16	50%	Exp.>$35	$262	$161	$59	$26
10/08	Unlimited (No maximum)	20%	$144 for 1-3 persons $147 for 4 persons $172 for 5 persons $197 for 6 persons+	$446	$14	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 3/1/01 $300 HH cert prior to 3/1/01	$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 3/1/01 300 HH cert prior to 3/1/01	$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