2025 Federal Poverty Income Limits (FPIL)

	INDIGENT HEALTHCARE		PUBLIC ASSISTANCE		COURT APPOINTED ATTORNEY	
Number in household	21% Annual Income	21% Monthly Income	100% Annual Income	100% Monthly Income	125% Annual Income	125% Monthly Income
1	$ 3,286.50	$ 274.00	$ 15,650.00	$ 1,304.00	$ 19,562.50	$ 1,630.00
2	$ 4,441.50	$ 370.00	$ 21,150.00	$ 1,762.50	$ 26,437.50	$ 2,203.00
3	$ 5,596.50	$ 466.00	$ 26,650.00	$ 2,220.00	$ 33,312.50	$ 2,776.00
4	$ 6,751.50	$ 563.00	$ 32,150.00	$ 2,679.00	$ 40,187.50	$ 3,349.00
5	$ 7,906.50	$ 659.00	$ 37,650.00	$ 3,137.50	$ 47,062.50	$ 3,922.00
6	$ 9,061.50	$ 755.00	$ 43,150.00	$ 3,596.00	$ 53,937.50	$ 4,495.00
7	$ 10,216.50	$ 851.00	$ 48,650.00	$ 4,054.00	$ 60,812.50	$ 5,068.00
8	$ 11,371.95	$ 948.00	$ 54,150.00	$ 4,512.50	$ 67,687.50	$ 5,641.00
For each additional person	Add $1,129.80	Add $97.00	Add $ $5500.00	Add $ $458.50	Add $6,875.00	Add $560.42