

150 N. Willow St. / P.O. Box 988 Kenai, AK 99611

Phone: 907.335.7200 Fax: 907.335.7239

www.kenaitze.org

Revised 10-16-13

Child Care Assistance Program

Are You Eligible Checklist

The KIT Child Care Development Fund program is to assist low to moderate income families in attaining quality child care. You are eligible if you and your children meet the requirements.

- Alaskan Native or American Indian
- ◇ Resides with in Kenaitze Indian Tribe service area (Kenai, Soldotna, Sterling, Nikiski, Salamatof, Cohoe, Cooper Landing)
- ♦ You and your spouse/partner are working or in work related activity more than 20 hours weekly
- ♦ Child (ren) that are ages 0-12 years.
- Child (ren) who are ages 13-18 and are physical and/or mentally incapable of self-care

Family	Gross Income	
Size		
1	3,231.00	
2	4,225.00	
3	5,219.00	
4	6,213.00	
5	7,208.00	
6	8,202.00	
7	8,388.00	
8	8,575.00	
Gross Income: A	An individual's	
total personal income before		

taking taxes or deductions into

account.

Must be able to provide all Documentation (See Required Documents)



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Funding provided by Administration for Children and Families Child Care Development Fund (CCDF) program

Dear Child Care Applicant:	Date:
Thank you for applying to the Kenaitze Indian Tribe Child Care Developed and your spouse/partner be employed and working more in Higher Education, you must be taking a minimum of 6 credits or a case-by-case basis. The child care application must be completed with all necessary december 1.	velopment Fund Program. Eligibility requires e than 20 hours weekly. If you are enrolled more per semester. Respite is provided on
for the program. Applications may take up to 30 days to process parents are at work and/or school.	· · · · · · · · · · · · · · · · · · ·
Once you are approved for the Child Care Development Fund Prog stubs or time sheets on a monthly basis to pay your provider's bill information will lead to a delay in payment for your provider.	
You will be mailed a certificate authorizing you for child care when program. You must renew your child care by the end date written Care costs accrued after this date are not covered by our program renewed. The renewal period is every October . Please note: we cresponsibility to remember these dates. If you have any question 335-7250.	on the bottom of your certificate. Child and are your responsibility if you have not do not send reminders; it is your
Sincerely,	
Kate Schadle CCDF Program Coordinator	



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Documents

 □ ID card for all adults. □ Birth Certificates for each child . □ Certificate of Degree of Indian Blo child. 	od (CDIB)/Tribal Card or letter from f	ederally recognized tribe for ea	ach
□ Documentation of all the children □ Proof of Present Address (lease, decorated Social Security Cards (optional). □ Class/ Training Schedule -must sta □ Employer verification and Income □ If self-employed, Federal tax docume □ Developmentally Disabled or Speceed ALL INCOME MUST BE REPORTED Unemployment, Workers' Compensation	te place of training, days and hours, verification and/or paystubs used to mentation or monthly profit/loss statial Needs Verification, if applicable. : (Wages, Alimony, Adoption Subsidytion ALL INCOME regardless of sou	determine eligibility. Tement. r, Annuity, Retirement, Pension	,
List all children whom you are requesti l form.	PARENT AFFIRMATION ng care assistance. If you need additio	nal space, please use the back of	this
Child's Name/ Date of Birth	Days and Hours Child Care Needed	Primary Child Care Provider	Age
I certify that I am the parent, legal guard	lian, or foster parent of an (please check	one)	<u> </u>
, ,		eby certify that all information ma	•
Applicant Signature	Date		



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As a parent participating in the KIT Child Care Develo	ppment Fund program, I understand and agree to adhere to the
program requirements as shown by my initials:	
I will provide all requested documentation	necessary to verify eligibility.
I understand that my child(ren) must be cur	rrent on all immunizations, and provide documentation as
necessary.	
I understand it is my responsibility to pay fo	or Child Care until I am certified for assistance.
I understand any costs incurred exceeding t responsibility.	the authorized amount or the monthly maximum are my
	ent Fund program in no way accepts responsibility for any the children are in the care of my chosen provider.
I agree to sign my Child Care Billing Report of stubs.	on the last working day of the month and submit time sheets or pay
I agree to notify the KIT Child Care Develop changes that may affect my eligibility (plea	oment Fund program and my provider within five (5) days of any ase refer to Certification Statement below).
I agree to renew my Child Care Certificate p effective dates are my responsibility.	prior to expiration. I understand that any child care costs outside the
I understand that in order to change my cur and my provider.	rrent Child Care Provider, I must submit a letter of termination to KIT
I am aware that I may be terminated from t	the program for any fraudulent representation.
I am aware that Kenaitze Indian Tribe will o responsibility. (See attachment for State Rates)	nly pay up to the state rates and any reminding balance is my
CERTIFICATION STATEMENT	
it is fraud to misrepresent facts in order to receive pr	r the KIT Child Care Development Fund program. I understand that rogram benefits, including facts on income status, living any fraud may result in removal from the KIT Child Care wrongfully used funds pursuant to 4 AAC 65.411
Applicant Signature	Date
Spouse / Co-Applicant Signature	 Date

State Rates



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	Licensed or	Licensed or Military Center Care & Group Homes	nter Care &	ል Group ዙ	lomes	Approved	Approved or In-Home Care	Care		
	F/T month	P/T month	F/T day	P/T day	hourl y	F/T month	P/T month	F/T day	Р/Т day	hourly
Infant (Birth-18 Months)	\$775	\$465	\$47	\$28	\$5.25	\$500	\$303	\$29	\$17	\$3.50
Toddler (19-36 Months)	\$700	\$420	\$42	\$25	\$5.00	\$500	\$300	\$28	\$17	\$3.25
Preschool Age (37 months- 6	\$605	\$363	\$36	\$22	\$4.50	\$500	\$293	\$25	\$15	\$3.00
School Age (7-12 Years)	\$605	\$363	\$36	\$22	\$4.00	\$500	\$293	\$25	\$15	\$3.00
F/T Month(Full-Time) = 17 or more full days of care during a calendar month, based on a five day a week sch P/T (Part Time month)= 17 or more partial days of care during a calendar month or care for one- half month F/T Day (Full Day) = More than five hours of care and up to and including ten hours of care on a calendar day P/T Day (Partial Day) = up to and including five hours of care on a calendar day Hourly = Care by the hour when more than ten hours of care is needed on a calendar day or when only 1-2 houseded on a calendar day Kenaitze Indian Tribe will only pay up to the state rates and any remaining balance is your re	F/T Month(Full-Time) = 17 or more full days of care during a calendar month, based on a five day a week schedule P/T (Part Time month) = 17 or more partial days of care during a calendar month or care for one- half month of full days F/T Day (Full Day) = More than five hours of care and up to and including ten hours of care on a calendar day (Partial Day) = up to and including five hours of care on a calendar day Hourly = Care by the hour when more than ten hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day Kenaitze Indian Tribe will only pay up to the state rates and any remaining balance is your responsibility	17 or more fuelon to the more point of the more of the mill only only only only only only only on	artial days of cartial days of curs of care ding five hother than ten h	care durin of care du and up to ours of ca ours of ca	g a calen uring a ca o and incl re on a co are is nee	r more full days of care during a calendar month, based on a five day a week schedule r more partial days of care during a calendar month or care for one- half month of full days n five hours of care and up to and including ten hours of care on a calendar day and including five hours of care on a calendar day en more than ten hours of care is needed on a calendar day or when only 1-2 hours of care is will only pay up to the state rates and any remaining balance is your responsibility	based on a fir h or care for ours of care o endar day or maining ba	ve day a wee one- half mon on a calendar when only 1	k schedule onth of full d day L-2 hours of c	ays are is oility



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Physical Address	City	State	Zip
Phone:	Message and/or	Cell Phone:	

Please list all persons in your household

DD- if individual is Developmentally Disabled (Must provide documentation)

SN- is a.) In Child Protective Services Care; b.) An Indian Child Welfare Case; c.) Physically or Mentally Challenged (physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and employment; or d.) Homeless.

Name (First, MI, Last)	Alaska Native/American Indian	Relation (to self)	DOB	AGE	Circle if apply
		SELF			DD/SN
					DD/SN



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Person working	Employer		Dates of employme	ent	Gross monthly income
					\$
					\$
Income type		Who received	it	Amo	ount Gross Monthly Income
Adoption Subsidy				\$	
Alimony				\$	
APA – Adult Public Assistance				\$	
ATAP – Alaska Temporary Assistance Pa	rogram			\$	
GA –General Assistance				\$	
Disabled Veterans benefits				\$	
Federal/State Survivor benefits				\$	
Government/Other retirement checks				\$	
GR – General relief				\$	
Longevity benefits				\$	
Money from roomers or boarders				\$	
Pension				\$	
Retirement				\$	
Self – Employment – SEE ATTACHED				\$	
SSI – Supplemental Secondary Income				\$	
Unemployment Insurance (Monthly)				\$	
Workers Compensation				\$	
Corporation Dividends				\$	
Other				\$	
		TOTAL GRO	OSS MONTHLY	\$	

Gross Income: An individual's total personal income before taking taxes or deductions into account.

CURRENT EMPLOYMENT AND	D/OR EDUCATION	/ I KAINING ACTIVITY
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Household Member Name:		
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Job Title or Course of Study:				
Name of Employer/Training Institute:				
Address:	City/State/Zip			
Contact Person:	Telephone:			
Employment Hourly Rate:	Number of Training Credits:			
Schedule of Work/Training:				
Household Member Name:				
Address:	City/State/Zip			
Contact Person:	Telephone:			
Employment Hourly Rate:	Number of Training Credits:			
Schedule of Work/Training:				
	on Other, Please List			
I hereby certify the information made on the understand that if I enter false information of sufficient grounds for rejection of my applic	PLICANT CERTIFICATION: his application is true and complete to the best of my knowledge or any misrepresentation or concealment of material fact, it will cation, removal from any eligibility list, or suspension from any am participation and services.			
Applicant Signature	 Date			
Spouse/Co-Applicant	Date			
Consent for Release o	f Confidential Information			
	ne mutual exchange of information and communication for			
☐ Myself				
☐ My Child:	(Child Legal Name)			



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\square As Legal Guardian/Power of Attorney on Behalf of:	
between Na'ini Social Services Programs with Kenaitze Indian Tribe	
AND:	
Name (if applicable) and Agency	
I authorize the communication to be exchanged in writing, verbally, e each type of information you would like to be disclosed.	lectronically, and/or other to manage by plan. Check
History	Lease/Rental Agreements
Income statements	Treatment plan/case plan
Financial statements	Certificate of Birth/Death
School records/performance	Medical records
Verification of Indian Ancestry (CIB or Tribal Card)	Verification of Native Dividends
Other (Specify):	
The above information is to be exchanged for the purpose of:	
Persons or organizations that may be contacted include, but are not limited to Law, the Department of Public Safety, the Department of Fish & Game, the D Department of Military Affairs, Alaska State Housing Authority, Social Security assistance program contractors and grantees, health care providers, tax assest brokerage firms, landlords, employers, school authorities, private individuals aby the Kenaitze Indian Tribe.	repartment of Labor and Workforce Development, the y Administration, local and tribal governments, public essors, financial institutions, Native corporations, stock
I understand that some of my records are protected under the federal resultance (HIPAA and 42 CFR, Part 2) and cannot be disclosed without regulations. I also understand that I may revoke this consent at any time on it and that in any event this consent expires: One year from date signed, or:	my written consent unless otherwise provided for in the
Signature of Client:	Date:



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Family S	Size>	:	2		3	4	4		5		6		7	8	3	
Percent	Percent	Gross	Copay	ĺ												
GMI	Copay	Income	Amount													
0.01	1%	\$49	20	\$61	20	\$72	20	\$84	20	\$95	20	\$97	20	\$99	20	
0.02	1%	\$98	20	\$121	20	\$144	20	\$167	20	\$190	20	\$195	20	\$199	20	
0.03	1% 1%	\$147	20	\$182	20	\$216	20 20	\$251	20	\$286	20	\$292	20	\$298	20 20	
0.04	1%	\$196 \$245	20 20	\$242 \$303	20 20	\$288 \$361	20	\$335 \$418	20 20	\$381 \$476	20	\$389 \$487	20 20	\$398 \$497	20	
0.05	1%	\$294	20	\$363	20	\$433	20	\$502	20	\$571	20	\$584	20	\$597	20	
0.00	1%	\$343	20	\$424	20	\$505	20	\$585	20	\$666	20	\$681	20	\$696	20	l
0.07	1%	\$392	20	\$484	20	\$577	20	\$669	20	\$761	20	\$779	20	\$796	20	l
0.09	1%	\$441	20	\$545	20	\$649	20	\$753	20	\$857	20	\$876	20	\$895	20	
0.10	2%	\$490	20	\$606	20	\$721	20	\$836	20	\$952	20	\$973	20	\$995	\$22	ĺ
0.11	2%	\$539	20	\$666	20	\$793	20	\$920	20	\$1,047	\$21	\$1,071	\$21	\$1,094	\$24	
0.12	2%	\$588	20	\$727	20	\$865	20	\$1,004	\$20	\$1,142	\$23	\$1,168	\$23	\$1,194	\$26	ĺ
0.13	2%	\$637	20	\$787	20	\$937	20	\$1,087	\$22	\$1,237	\$25	\$1,265	\$25	\$1,293	\$28	
0.14	2%	\$686	20	\$848	20	\$1,009	\$20	\$1,171	\$23	\$1,332	\$27	\$1,363	\$27	\$1,393	\$30	
0.15	2%	\$735	20	\$908	20	\$1,082	\$22	\$1,254	\$25	\$1,428	\$29	\$1,460	\$29	\$1,492	\$32	
0.16	2%	\$784	20	\$969	20	\$1,154	\$23	\$1,338	\$27	\$1,523	\$30	\$1,557	\$31	\$1,592	\$34	
0.17	2%	\$834	20	\$1,030	\$21	\$1,226	\$25	\$1,422	\$28	\$1,618	\$32	\$1,655	\$33	\$1,691	\$36	
0.18	2%	\$883	20	\$1,090	\$22	\$1,298	\$26	\$1,505	\$30	\$1,713	\$34	\$1,752	\$35	\$1,791	\$38	
0.19	2% 2%	\$932 \$981	20 20	\$1,151 \$1,211	\$23 \$24	\$1,370 \$1,442	\$27 \$29	\$1,589	\$32 \$33	\$1,808 \$1,903	\$36 \$38	\$1,849	\$37 \$39	\$1,890 \$1,990	\$40 \$42	
0.20	2%	\$1,030	\$21	\$1,211	\$25	\$1,442	\$30	\$1,673 \$1,756	\$35	\$1,903	\$40	\$1,947 \$2,044	\$41	\$2,089	\$44	l
0.21	3%	\$1,030	\$32	\$1,332	\$40	\$1,514	\$48	\$1,730	\$55	\$2,094	\$63	\$2,141	\$64	\$2,089	\$69	
0.23	3%	\$1,128	\$34	\$1,393	\$42	\$1,658	\$50	\$1,923	\$58	\$2,189	\$66	\$2,239	\$67	\$2,288	\$72	ĺ
0.24	3%	\$1,177	\$35	\$1,453	\$44	\$1,730	\$52	\$2,007	\$60	\$2,284	\$69	\$2,336	\$70	\$2,388	\$75	
0.25	3%	\$1,226	\$37	\$1,514	\$45	\$1,803	\$54	\$2,091	\$63	\$2,379	\$71	\$2,433	\$73	\$2,487	\$78	
0.26	3%	\$1,275	\$38	\$1,575	\$47	\$1,875	\$56	\$2,174	\$65	\$2,474	\$74	\$2,531	\$76	\$2,587	\$81	l
0.27	3%	\$1,324	\$40	\$1,635	\$49	\$1,947	\$58	\$2,258	\$68	\$2,570	\$77	\$2,628	\$79	\$2,686	\$84	
0.28	3%	\$1,373	\$41	\$1,696	\$51	\$2,019	\$61	\$2,342	\$70	\$2,665	\$80	\$2,725	\$82	\$2,786	\$87	
0.29	3%	\$1,422	\$43	\$1,756	\$53	\$2,091	\$63	\$2,425	\$73	\$2,760	\$83	\$2,823	\$85	\$2,885	\$90	
0.30	3%	\$1,471	\$44	\$1,817	\$55	\$2,163	\$65	\$2,509	\$75	\$2,855	\$86	\$2,920	\$88	\$2,985	\$93	
0.31	4%	\$1,520	\$61	\$1,877	\$75	\$2,235	\$89	\$2,593	\$104	\$2,950	\$118	\$3,017	\$121	\$3,084	\$127	
0.32	4%	\$1,569	\$63	\$1,938	\$78	\$2,307	\$92	\$2,676	\$107	\$3,045	\$122	\$3,115	\$125	\$3,184	\$131	
0.33	4% 4%	\$1,618 \$1,667	\$65 \$67	\$1,998 \$2,059	\$80 \$82	\$2,379 \$2,451	\$95 \$98	\$2,760 \$2,843	\$110 \$114	\$3,141 \$3,236	\$126 \$129	\$3,212 \$3,309	\$128 \$132	\$3,283 \$3,383	\$135 \$139	l
0.34	4%	\$1,716	\$69	\$2,039	\$85	\$2,431	\$101	\$2,843	\$114	\$3,230	\$133	\$3,407	\$136	\$3,482	\$139	
0.36	4%	\$1,765	\$71	\$2,180	\$87	\$2,596	\$104	\$3,011	\$120	\$3,426	\$137	\$3,504	\$140	\$3,582	\$147	
0.37	5%	\$1,814	\$91	\$2,241	\$112	\$2,668	\$133	\$3,094	\$155	\$3,521	\$176	\$3,601	\$180	\$3,681	\$189	
0.38	5%	\$1,863	\$93	\$2,301	\$115	\$2,740	\$137	\$3,178	\$159	\$3,616	\$181	\$3,699	\$185	\$3,781	\$194	ĺ
0.39	5%	\$1,912	\$96	\$2,362	\$118	\$2,812	\$141	\$3,262	\$163	\$3,712	\$186	\$3,796	\$190	\$3,880	\$199	
0.40	5%	\$1,961	\$98	\$2,422	\$121	\$2,884	\$144	\$3,345	\$167	\$3,807	\$190	\$3,893	\$195	\$3,980	\$204	i
0.41	5%	\$2,010	\$101	\$2,483	\$124	\$2,956	\$148	\$3,429	\$171	\$3,902	\$195	\$3,991	\$200	\$4,079	\$209	l
0.42	6%	\$2,059	\$124	\$2,544	\$153	\$3,028	\$182	\$3,512	\$211	\$3,997	\$240	\$4,088	\$245	\$4,179	\$257	
0.43	6%	\$2,108	\$126	\$2,604	\$156	\$3,100	\$186	\$3,596	\$216	\$4,092	\$246	\$4,185	\$251	\$4,278	\$263	
0.44	6%	\$2,157	\$129	\$2,665	\$160	\$3,172	\$190	\$3,680	\$221	\$4,187	\$251	\$4,283	\$257	\$4,378	\$269	
0.45	6%	\$2,206	\$132	\$2,725	\$164	\$3,245	\$195	\$3,763	\$226	\$4,283	\$257	\$4,380	\$263	\$4,477	\$275	l
0.46	7% 7%	\$2,255	\$158	\$2,786	\$195	\$3,317	\$232	\$3,847	\$269	\$4,378	\$306	\$4,477	\$313	\$4,577	\$327	
0.47	7%	\$2,304 \$2,353	\$161 \$165	\$2,846 \$2,907	\$199 \$203	\$3,389 \$3,461	\$237 \$242	\$3,931 \$4,014	\$275 \$281	\$4,473 \$4,568	\$313 \$320	\$4,575 \$4,672	\$320 \$327	\$4,676 \$4,776	\$334 \$341	
0.49	7%	\$2,333	\$168	\$2,967	\$208	\$3,533	\$247	\$4,014	\$287	\$4,663	\$326	\$4,769	\$334	\$4,776	\$348	
0.50	8%	\$2,452	\$196	\$3,028	\$242	\$3,605	\$288	\$4,182	\$335	\$4,759	\$381	\$4,867	\$389	\$4,975	\$406	
0.51	8%	\$2,501	\$200	\$3,089	\$247	\$3,677	\$294	\$4,265	\$341	\$4,854	\$388	\$4,964	\$397	\$5,074	\$414	
0.52	8%	\$2,550	\$204	\$3,149	\$252	\$3,749	\$300	\$4,349	\$348	\$4,949	\$396	\$5,061	\$405	\$5,173	\$422	
0.53	8%	\$2,599	\$208	\$3,210	\$257	\$3,821	\$306	\$4,432	\$355	\$5,044	\$404	\$5,158	\$413	\$5,273	\$430	l
0.54	9%	\$2,648	\$238	\$3,270	\$294	\$3,893	\$350	\$4,516	\$406	\$5,139	\$463	\$5,256	\$473	\$5,372	\$492	
0.55	9%	\$2,697	\$243	\$3,331	\$300	\$3,966	\$357	\$4,600	\$414	\$5,234	\$471	\$5,353	\$482	\$5,472	\$501	
0.56	9%	\$2,746	\$247	\$3,391	\$305	\$4,038	\$363	\$4,683	\$421	\$5,330	\$480	\$5,450	\$491	\$5,571	\$510	
0.57	9%	\$2,795	\$252	\$3,452	\$311	\$4,110	\$370	\$4,767	\$429	\$5,425	\$488	\$5,548	\$499	\$5,671	\$519	
0.58	10%	\$2,844	\$284	\$3,512	\$351	\$4,182	\$418	\$4,851	\$485	\$5,520	\$552	\$5,645	\$565	\$5,770	\$587	
0.59	10%	\$2,893	\$289	\$3,573	\$357	\$4,254	\$425	\$4,934	\$493	\$5,615	\$562 \$571	\$5,742	\$574	\$5,870	\$597	
0.60	10% 10%	\$2,942 \$2,991	\$294 \$299	\$3,634 \$3,694	\$363 \$369	\$4,326 \$4,398	\$433 \$440	\$5,018 \$5,101	\$502 \$510	\$5,710 \$5,805	\$571 \$581	\$5,840 \$5,937	\$584 \$594	\$5,969 \$6,069	\$607 \$617	
0.61	10%	\$3,040	\$304	\$3,694	\$375	\$4,470	\$440	\$5,101	\$510	\$5,805	\$581	\$6,034	\$603	\$6,069	\$627	
0.63	10%	\$3,040	\$304	\$3,815	\$382	\$4,542	\$454	\$5,269	\$527	\$5,996	\$600	\$6,132	\$613	\$6,268	\$637	
0.64	10%	\$3,138	\$314	\$3,815	\$388	\$4,614	\$461	\$5,352	\$535	\$6,091	\$609	\$6,229	\$623	\$6,367	\$647	
0.65	10%	\$3,187	\$319	\$3,936	\$394	\$4,687	\$469	\$5,436	\$544	\$6,186	\$619	\$6,326	\$633	\$6,467	\$657	
0.66	10%	\$3,236	\$324	\$3,997	\$400	\$4,759	\$476	\$5,520	\$552	\$6,281	\$628	\$6,424	\$642	\$6,566	\$667	
0.67	10%	\$3,285	\$329	\$4,058	\$406	\$4,831	\$483	\$5,603	\$560	\$6,376	\$638	\$6,521	\$652	\$6,666	\$677	



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0.64	10%	\$3,138	\$314	\$3,876	\$388	\$4,614	\$461	\$5,352	\$535	\$6,091	\$609	\$6,229	\$623	\$6,367	\$647
0.65	10%	\$3,187	\$319	\$3,936	\$394	\$4,687	\$469	\$5,436	\$544	\$6,186	\$619	\$6,326	\$633	\$6,467	\$657
0.66	10%	\$3,236	\$324	\$3,997	\$400	\$4,759	\$476	\$5,520	\$552	\$6,281	\$628	\$6,424	\$642	\$6,566	\$667
0.67	10%	\$3,285	\$329	\$4,058	\$406	\$4,831	\$483	\$5,603	\$560	\$6,376	\$638	\$6,521	\$652	\$6,666	\$677
0.68	10%	\$3,334	\$333	\$4,118	\$412	\$4,903	\$490	\$5,687	\$569	\$6,472	\$647	\$6,618	\$662	\$6,765	\$686
0.69	10%	\$3,383	\$338	\$4,179	\$418	\$4,975	\$497	\$5,770	\$577	\$6,567	\$657	\$6,716	\$672	\$6,865	\$696
0.70	10%	\$3,432	\$343	\$4,239	\$424	\$5,047	\$505	\$5,854	\$585	\$6,662	\$666	\$6,813	\$681	\$6,964	\$706
0.71	10%	\$3,481	\$348	\$4,300	\$430	\$5,119	\$512	\$5,938	\$594	\$6,757	\$676	\$6,910	\$691	\$7,064	\$716
0.72	10%	\$3,530	\$353	\$4,360	\$436	\$5,191	\$519	\$6,021	\$602	\$6,852	\$685	\$7,008	\$701	\$7,163	\$726
0.73	10%	\$3,579	\$358	\$4,421	\$442	\$5,263	\$526	\$6,105	\$610	\$6,947	\$695	\$7,105	\$711	\$7,263	\$736
0.74	10%	\$3,628	\$363	\$4,481	\$448	\$5,335	\$534	\$6,189	\$619	\$7,043	\$704	\$7,202	\$720	\$7,362	\$746
0.75	10%	\$3,677	\$368	\$4,542	\$454	\$5,408	\$541	\$6,272	\$627	\$7,138	\$714	\$7,300	\$730	\$7,462	\$756
0.76	10%	\$3,726	\$373	\$4,603	\$460	\$5,480	\$548	\$6,356	\$636	\$7,233	\$723	\$7,397	\$740	\$7,561	\$766
0.77	10%	\$3,775	\$378	\$4,663	\$466	\$5,552	\$555	\$6,440	\$644	\$7,328	\$733	\$7,494	\$749	\$7,661	\$776
0.78	10%	\$3,824	\$382	\$4,724	\$472	\$5,624	\$562	\$6,523	\$652	\$7,423	\$742	\$7,592	\$759	\$7,760	\$786
0.79	10%	\$3,873	\$387	\$4,784	\$478	\$5,696	\$570	\$6,607	\$661	\$7,518	\$752	\$7,689	\$769	\$7,860	\$796
0.80	10%	\$3,922	\$392	\$4,845	\$484	\$5,768	\$577	\$6,690	\$669	\$7,614	\$761	\$7,786	\$779	\$7,959	\$806
0.81	10%	\$3,971	\$397	\$4,905	\$491	\$5,840	\$584	\$6,774	\$677	\$7,709	\$771	\$7,884	\$788	\$8,059	\$816
0.82	10%	\$4,020	\$402	\$4,966	\$497	\$5,912	\$591	\$6,858	\$686	\$7,804	\$780	\$7,981	\$798	\$8,158	\$826
0.83	10%	\$4,069	\$407	\$5,026	\$503	\$5,984	\$598	\$6,941	\$694	\$7,899	\$790	\$8,078	\$808	\$8,258	\$836
0.84	10%	\$4,119	\$412	\$5,087	\$509	\$6,056	\$606	\$7,025	\$702	\$7,994	\$799	\$8,176	\$818	\$8,357	\$846
0.85	10%	\$4,168	\$417	\$5,148	\$515	\$6,129	\$613	\$7,109	\$711	\$8,089	\$809	\$8,273	\$827	\$8,457	\$995
1.00		\$4,903		\$6,056		\$7,210		\$8,363		\$9,517		\$9,733		\$9,949	