

**GREENE COUNTY GENERAL HOSPITAL**  
**Financial Aid Guidelines**  
**2021**

<b>Number in Family</b>	<b>Discount 100%</b>	<b>Discount 80%</b>	<b>Discount 70%</b>	<b>Discount 60%</b>	<b>Discount 40%</b>	<b>Discount 20%</b>
1	\$12,880	\$15,456	\$18,032	\$20,608	\$23,184	\$25,760
2	17,420	\$20,904	\$24,388	\$27,872	\$31,356	\$34,840
3	21,960	\$26,352	\$30,744	\$35,136	\$39,528	\$43,920
4	26,500	\$31,800	\$37,100	\$42,400	\$47,700	\$53,000
5	31,040	\$37,248	\$43,456	\$49,664	\$55,872	\$62,080
6	35,580	\$42,696	\$49,812	\$56,928	\$64,044	\$71,160
7	40,120	\$48,144	\$56,168	\$64,192	\$72,216	\$80,240
8	44,660	\$53,592	\$62,524	\$71,456	\$80,388	\$89,320
<b>% OF POVERTY</b>	100%	120%	140%	160%	180%	200%

For families/households with more than 8 persons, add \$4,540 for each additional person.

Data Source: HHS 2021 Poverty Guidelines

<https://aspe.hhs.gov/poverty-guidelines>

48 Contiguous States and the District of Columbia