

2022-2023 Driver's Ed Fee Waiver

One application per household covers the entire year.

See instructions on back.

Deadline: **Must be received within thirty (30) days of the date your child(ren) are registered.**

All applicable fees charged after application has been received will be waived upon approval.

Part 1 – Student Information - ALL children living in household

Name of Child (First, Middle Initial, Last)	School Name	Grade	Student ID

Part 2 – SNAP or TANF Case Number (Move to Part 5 if you list a SNAP or TANF Case Number) ****see instructions on back for reporting****

NOTE: Medical/Medicaid case numbers do not qualify _____

Part 3 –Foster, Ward of the State, Migrant, Homeless (If applies to all students listed above more to Part 5)

____ Foster Child or Ward of the State - Please provide current placement documents from agency.

____ Migrant - Please provide date of entry into the US _____.

____ Homeless FIT (Determined by the Families in Transition Department)

Part 4 – Total Household Gross Income (before deductions) **see instructions on back for reporting**

1. NAMES (List everyone who lives in the household not listed in Part 1)	2. GROSS INCOME and HOW OFTEN RECEIVED								3. Check if NO INCOME
	Earnings from Work Gross Income (before deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (all other income)		
	Amount	How Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?	
A.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
B.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
C.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>

Part 5 – Contact Information & Signature (Parent/Guardian must sign)

I am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6)

An adult household member must sign the application. Your signature below indicates your agreement with the following: **I certify all information on this application is true and all income is reported. The District has my permission to validate any information submitted.**

Email address	Home or Cell Number	Home Address (including city and zip)
<div style="background-color: yellow; height: 15px; width: 100%;"></div>		
Signature of Adult Household Member	Printed Name Adult Household Member	Date

FOR OFFICE USE ONLY

Eligibility _____

Total Income \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year

Fees Waived Based On: SNAP or TANF Household Income Approved at: 100% or 50%

Denied – Reason: Income Too High Incomplete Application Invalid SNAP or TANF Number

Signature of Determining Official: _____ Date: _____

Part 2: SNAP (formerly food stamps) or TANF benefits, follow these instructions:**Part 1:** List student(s) name (of all children living in household), school and student ID number**Part 2:** List SNAP or TANF case number (Medical Card/Medicaid does not qualify for waiver benefits)**Part 3 and Part 4:** Skip****Part 5:** An adult household member must sign the form**Attach documentation that shows you receive SNAP or TANF benefits for your student**_____ **SNAP or TANF certification notice showing the dates of the certification period.**_____ **Letter from the SNAP or public assistance office stating you receive SNAP or TANF.****Part 3: Foster Child or Ward of the State, Migrant, Homeless (FIT), - follow these instructions:****Part 1:** List student(s) name, school and student ID number**Part 2:** Skip**Part 3:** Check line that applies and provide appropriate documentation***Foster Child or Ward of the state – provide current placement documents from agency.*****Migrant – provide date of entry into the US*****Homeless- provide letter from the Families in Transition Program****Part 4:** Skip****Part 5:** An adult household member must sign the form**Part 4: Household does not receive SNAP or TANF benefits, follow these instructions:****Part 1:** List student(s) name, school and student ID**Part 2 and Part 3:** Skip**Part 4:** Follow these instructions to report total household income:

- **Section 1 – Name:** List the first and last name of each person living in your household, related or not (such as other relatives, or friends). You must include yourself, your spouse or significant other, and all children living with you. Attach another sheet of paper if necessary.
- **Section 2 and Section 3 - Skip**
- **Section 4 – Total Household Gross Income(before deductions):**
- **Attach a copy of the 2021 IRS Form 1040, please follow these instructions:**
 - **Subsection 1 -** List all person's living in the household not listed in Part 1.
 - **Subsection 2 and Subsection 3- Skip; Go to Part 5**
- **If no taxes were filed **, please follow these instructions:**
 - **Contact IRS 1-800-829-1040 and request a letter of non-filing**
 - **Subsection 1 -** List all person's living in the household not listed in Part 1.
 - **Subsection 2 -** Next to each person's name, list each type of income received last month and how often it is received. **Gross Income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub. Next to the amount, indicate how often the person receives it (weekly, every other week, or twice a month, or monthly). Veterans Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, net income for self-owned business, farm, or rental income and any other income should be reported in column 4. If you are in the Military Housing Privatization Initiative, do not include this house allowance.
 - **Subsection 3 -** If you have no income, please check the box. Please provide a letter explaining how you provide food, clothing, and housing for your household.

Part 5: An adult household member must sign the form**** If no taxes were filed, please attach documentation that shows your household's current income**

Submit copies of letter of non-filing with the following documents, as necessary:

ONE CURRENT MONTH OF PROOF OF INCOME MUST BE SUBMITTED

- ✓ **Earnings/Wages/Salary for each job:** Payroll stubs that shows earnings for the most **recent month** and how often pay is received, current pay envelope that shows how often it is received, or letter from employer stating gross wages and how often they are paid or business or farming papers, such as ledger or tax books.
- ✓ **Social Security/Pensions/Retirement:** Social Security retirement benefit letter or statement of benefits received or pension award notice.
- ✓ **Unemployment compensation/disability or worker's compensation:** Notice of eligibility from State employment security office or check stub or letter from worker's compensation.
- ✓ **Public Assistance Payments:** Benefit letter from public assistance agency.
- ✓ **Child Support/Alimony:** Court decree or agreement or copies of checks received.
- ✓ **All Other Income:** If you have other forms of income (such as rental income) , send information or papers that show the amount of income received, how often it is received, and the date received.
- ✓ **No Income:** If you have no income, send a letter explaining how you provide food, clothing and housing for your household, and when you expect an income.

To determine if your family is eligible for a waiver of student fees for the current school year, please complete the application form and return it **along with appropriate proof of income** to our office at: RPS 205, Attn: Finance Department-Fee Waiver, 501 7th St, Rockford, IL 61104 or email FeeWaiver@rps205.com