

Stamford Public Schools
 888 Washington Blvd., 3rd Floor
 Stamford, CT 06901
 Attn: Audrey Way
 203 977 1177

HOUSEHOLD INCOME SURVEY

- **This form is NOT a school meal application**
- Stamford Public Schools collects household income data in order to understand district demographics, and to support families who wish to prove eligibility for discounts for camps, exams, or other services where such discounts apply

INCOME GUIDELINES

Guidelines to be effective from July 1, 2022 through June 30, 2023

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional member add	+8,732	+728	+364	+336	+168

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), please provide the name and 7-digit case number for the person who receives the benefits, and then proceed to Section 4. If no one receives this benefit, proceed to Section 1.

Name: _____ 7-digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school, e-mail it to Away@Stamfordct.gov, or mail to the following address: Stamford Public Schools, 888 Washington Blvd., 3rd floor, Stamford, CT 06901, Attn: Audrey Way

The following selections must be completed by the Head of Household or Designee:

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
5. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-5)	\$	

4. SIGNATURE

I certify (promise) that all information on this application is true and that all income is reported.

Sign Here: X _____ Print Name: _____
Date _____

Address _____ City _____ Zip Code _____

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address, you may be contact via email by the district.

For Internal Office Use Only: Please circle one option.	
QUALIFIES	DOES NOT QUALIFY