

**Mathis Independent School District**  
**HOUSEHOLD – INCOME VERIFICATION**  
**2019-2020**  
**602 E. San Patricio**  
**Mathis, Texas 78368**

**(Please list all children Attending Mathis School)**

Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____
Id# _____	Student Name: _____	Grade: _____	Campus: _____	Elem _____	Inter _____	MMS _____	MHS _____

**(Please List individuals living with you BUT DO NOT attend school)**  
**(Mother, Father, Siblings, Grandparents, Aunts, Uncles, etc.)**

Name: _____	Relation: _____	Name: _____	Relation: _____
Name: _____	Relation: _____	Name: _____	Relation: _____
Name: _____	Relation: _____	Name: _____	Relation: _____
Name: _____	Relation: _____	Name: _____	Relation: _____
Name: _____	Relation: _____	Name: _____	Relation: _____

The **Household-income information** provided will assist the Mathis ISD in completing audit Requirements and reviews set forth by the Texas Education Agency. It is very important that we have the most accurate information about your child. All information will remain confidential.

**\*\*\*\*\*THIS MUST BE FILLED OUT\*\*\*\*\***

**PLEASE COMPLETE THE INFORMATION NEEDED BELOW.**

<b><u>Family Size</u></b>	Please circle the number of family members 1 2 3 4 5 6 7 8 9 10 11 12
<b><u>Gross Income</u></b>	Weekly \$ _____ Bi weekly \$ _____ Monthly \$ _____
<b><u>Assistance Programs</u></b>	Please check the program(s) that apply <input type="checkbox"/> TANF-Temporary Assistance to Needy Family <input type="checkbox"/> AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Other
<b><u>OFFICE USE ONLY</u></b>	
00 – Not Identified Econ. Disadv.	01 – Eligible                      02- Eligible                      99 – Other Econ. Disadv.

Code Reference: PEIMS Data Standards Section 4 Pg. 4.116

I certify that all the information on this verification form is true and that all income is reported. I Understand that the school will receive funds based on the information provided. I understand that School officials may check the information for accuracy.

**Please Print Parent/Guardian Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_