Estimated Income Eligibility Guidelines (2024-2025) for Reduced-Cost Meal Program

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member , add	9,509	793	397	366	183

Application for Reduced-Cost Meal Program

Total household income/gross income (before deductions). List all income on the same line as the person who receives it. Check the box which indicates how often the income is received. Record each income only once.

1. Household members	2. Children's schools	3. Income	4. Gross income and how often received																				
List all names	School name or N/A if not attending school	Enter X for each member in column 1 with income	Amount of earnings from work before deductions	Weekly	Every 2 weeks	Twice monthly	Monthly	Amount of child support, alimony	Weekly	Every 2 weeks	Twice monthly	Monthly	Amount of Social Security, SSI, VA, Retirement	Weekly	Every 2 weeks	Twice monthly	Monthly	Amount of all other income	Weekly	Every 2 weeks	Twice monthly	Monthly
Household total																						

An adult member of the household must sign this application.

I certify that all information on this application is true and that all household income is reported. I understand that St. Joseph's Academy will provide assistance based on the information I have given here. I understand that school officials may verify the information I have provided. I understand that if I purposefully provided false information, my daughter(s) may lose meal benefits and that legal action may be taken against me.

Signature: _____ Date: _____

Print Name:_____ Email: _____

Address/City/State/Zip_____ Phone: _____