## 2023-2024 Alternate Household Income Form

Your school participates in the Community Eligibility Provision (CEP), which means <u>all</u> students eat school meals at no out-of-pocket cost. However, to determine eligibility to receive <u>additional</u> benefits (like a fee waiver or access to special income-based programs) for your child(ren) at the school level, please complete a household income form. Return form to: School Name/Contact:

IMPORTANT NOTES: The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs. Additional information may be required at the discretion of the school.

- **1. Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income. Please select income on either list 2 OR list 2A Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be <a href="before">before</a> any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people in household	2.Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above, before taxes.)				
<b>1</b>	<b>→</b> □ \$0 - \$18,954	□ \$18,955- \$26,973			
<b>2</b>	\$0 - \$25,636	<b>□</b> \$25,637 - \$36,482			
<b>3</b>	<b>□</b> \$0 - \$32,318	□ \$32,319 - \$45,991			
<b>4</b>	<b>→</b> \$0 - \$39,000	<b>□</b> \$39,001- \$55,500			
<b>5</b>	<b>→</b> \$0 - \$45,682	<b>45,683-</b> \$65,009			
<b>□</b> 6	<b>→</b> □ \$0 - \$52,364	□ \$52,365- \$74,518			
<b></b> 7	<b>→</b> \$0 - \$59,046	<b>□</b> \$59,047 \$84,027			
□ 8	<b>→</b> \$0 - \$65,728	<b>□</b> \$65,729- \$93,536			
<b>9</b>	<b>□</b> \$0 - \$72,410	□ \$72,411- \$103,045			
<b>1</b> 0	\$0- \$79,092	□ \$79,093-\$112,554			
<b>1</b> 1	\$0-\$85,774	<b>□</b> \$85,775-\$122,063			
<b>1</b> 2	\$0\$-\$92,456	<b>9</b> 2,457- \$131,572			
If household size is more than 12, list the household size and total annual income below.					
☐ Size: ☐ Income:					

**List all students in the household.** If any student you are applying for: receives SNAP and/or TANF benefits; is a foster child; is a homeless, migrant, runaway child; or attends Head Start, check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	SNAP/TANF Benefits	Foster	Homeless, Migrant,	Runaway	Head Start

If any child(ren) referenced above receive SNAP and/or TANF benefits, please list the appropriate case number(s) here:

**SNAP/TANF** case number

Contact information and adult signature "I certify (promise) that all information on this	s application is true and that a	all income is re	eported."
Name of Adult Household Member Completin	ng the Form (printed)		
Signature	Today's Date		
Street Address (if available), Apt #	City	State	Zip Code
() Daytime Phone	Email (optional)		
☐ Are <u>both</u> the household size and total☐ Did you list a SNAP and/or TANF case ☐ Have you signed the form?	_	kes checked?	
DO NOT FILL OUT T	HIS PART. THIS IS FOR SCH	OOL USE ON	LY.
Economic Status: Economically Disadvantaged (r Non-Economically Disadvantag	meeting income and householdgged (NOT meeting income and ho		ines)
I have reviewed the above and have concluded th	nat it is properly and completely j	filled out to the	best of my knowledge.
Signature (of school or district staff):			
Print Name:			
Date:			
IMPORTANT NOTES: Federal regulations manda these household income forms must be paid with service personnel are not allowed to be involved funding source outside of the nonprofit school fo audits.	h funds outside of the nonprofit I in this process unless their labo	school food ser or expenses are	vice account. School food paid by an alternative