

2020-2021 Alternate Household Income Form

Your school participates in the Community Eligibility Provision (CEP), which means all students eat school meals at no out-of-pocket cost. However, to determine eligibility to receive additional 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: Guilford County Schools 501 W. Washington St. Greensboro, NC 27401

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.*

- 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.
- Select the box that represents the range of annual household income.** 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 BEFORE 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 <i>(Include all income sources listed above, before taxes.)</i>	
<input type="checkbox"/> 1 →	<input type="checkbox"/> \$0 - \$16,588	<input type="checkbox"/> At or Above \$23,607
<input type="checkbox"/> 2 →	<input type="checkbox"/> \$0 - \$22,412	<input type="checkbox"/> At or Above \$31,895
<input type="checkbox"/> 3 →	<input type="checkbox"/> \$0 - \$28,236	<input type="checkbox"/> At or Above \$40,183
<input type="checkbox"/> 4 →	<input type="checkbox"/> \$0 - \$34,060	<input type="checkbox"/> At or Above \$48,471
<input type="checkbox"/> 5 →	<input type="checkbox"/> \$0 - \$39,884	<input type="checkbox"/> At or Above \$56,759
<input type="checkbox"/> 6 →	<input type="checkbox"/> \$0 - \$45,708	<input type="checkbox"/> At or Above \$65,047
<input type="checkbox"/> 7 →	<input type="checkbox"/> \$0 - \$51,532	<input type="checkbox"/> At or Above \$73,335
<input type="checkbox"/> 8 →	<input type="checkbox"/> \$0 - \$57,356	<input type="checkbox"/> At or Above \$81,623
<input type="checkbox"/> 9 →	<input type="checkbox"/> \$0 - \$63,180	<input type="checkbox"/> At or Above \$89,911
<input type="checkbox"/> 10 →	<input type="checkbox"/> \$0 - \$69,004	<input type="checkbox"/> At or Above \$98,199
<input type="checkbox"/> 11 →	<input type="checkbox"/> \$0 - \$74,828	<input type="checkbox"/> At or Above \$106,487
<input type="checkbox"/> 12 →	<input type="checkbox"/> \$0 - \$80,652	<input type="checkbox"/> At or Above \$114,775
If household size is more than 12, list the household size and total annual income below.		
<input type="checkbox"/> Size	<input type="checkbox"/> Income:	

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

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

If any child(ren) referenced above receive SNAP or TANF, 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 application is true and that all income is reported. I am aware this information may be used for additional benefits"

Name of Adult Household Member Completing the Form (printed)	Signature	Today's Date
	Street Address (if available), Apt #	
Street Address (if available), Apt #	City	State
City	State	Zip Code
(_____) _____	Email (optional)	
Daytime Phone		