

CONFIDENTIAL FINANCIAL HARDSHIP WAIVER APPLICATION

Block 1

To apply for financial hardship waiver, carefully complete this form and return to _____.

If you need help with this form, please call _____.

Student's Name _____ School _____

Student ID Number _____ Dollar amount of this waiver _____

Parent or guardian applying for a financial hardship waiver may submit a copy of the family application for free and reduced price meals in lieu of completing blocks 2 and 3 on this form.

Block 2

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME			
Name of Adults	SSN	Month Earnings	Monthly Welfare Payments, Child Support &/or Alimony	Monthly Payments from Work Before Deductions	All Other Income
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
Name of Children		Age/School			
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$

Block 3

Total Monthly Income \$ _____

Do you receive food stamps? _____ Food Stamp Case No. _____

Do you receive AFDC? _____ AFDC Case No. _____

List any other aid you receive from any source: _____

What is your relationship to student? _____

Block 4

CERTIFICATION		
This application is made with full knowledge that the law provides penalties for making false statements or concealing material facts to obtain the benefits of this waiver.		
Signature of Parent/Guardian _____	Home Address _____	
Printed Name of Parent/Guardian _____	Home Telephone _____	Work Telephone _____
Date Signed _____		

Block 5

OFFICE USE		
Approved _____	Disapproved _____	By: _____ Date: _____
Information verified by: _____		Date: _____