LAKE ZURICH COMMUNITY UNIT
School District 95

IMPORTANT NOTICE
FEE WAIVER PROCESS

In accordance with Board Policy 4:140, District 95 offers a fee waiver process for all CUSD 95 students. Fee waivers are separate from any approval received for free and reduced lunch application process. Annual Fee Waiver forms will be available for submission after July 1st for the upcoming school year. Families may qualify for a waiver of approved fees through four options:

1) Direct Certification (as provided by the State of Illinois) – The names of students qualifying for Direct Certification due to SNAP/TANF or are "categorically eligible" (homeless, migrant, or runaway) are provided to the District by the State of Illinois. The district will notify, in writing, all families who have been preapproved through eligible Direct Certification.
2) Approved Income Based Fee Waiver Application - Determination of qualified applications will be based on Federal Income Guidelines for the National School Lunch Program. A student shall be eligible for a waiver of approved fees when the student currently lives in a household that meets the same income guidelines with the same limits based on household size that are used for the federal free meals program. A student shall be eligible for a second category of a 75% fee reduction when a student currently lives in a household that meets the same income guidelines, with the same limits based on household size, that are used for the federal reduced meals program.
3) The student's parents/guardians are veterans or active-duty military personnel with income at or below 200% of the federal poverty line; or
4) The student is homeless, as defined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. §11434a).

Please note, an inability to provide all the mandatory documentation listed on the back of the fee waiver application, will result in an automatic denial. Application deadline is October 30th for current year school registration fees. New applications can be submitted at any time after October 30th, but if approved will not be retroactive prior to the date of submittal.

If no income is reported on the Fee Waiver Income Verification Form the applicant is required to submit a letter with the application explaining how the applicant provides food, clothing, and housing for their household, and when they expect to receive an income.

This waiver applies only to the CURRENT year fees for registration fees, MLI fees, PE Uniforms, Behind the Wheel, sports, extracurricular fees, and grade 12 yearbooks.

To apply for a fee waiver, families must complete the CUSD 95 Fee Waiver Income Verification Form and submit it with the mandatory documentation (listed on the back of the form). This form and the supporting documentation must be submitted through the Business Office's secure drop box at www.lz95.org > Departments > Business and Operations > Secure Dropbox or can come in and drop off. At the admin building.
Please allow 30 working days for processing.

The Following Fees are NOT Eligible for Fee Waivers*	
Parking Permits	**High School Athletic Camps**
Replacement ID Fees	**Transportation**
Replacement Planner Fees	**Library Fines/Fees**
Replacement PE Uniforms and Locks	**Little Bears Pre-school**
Yearbooks, except 12th grade	**Little Leaders Tuition Based Pre-school**
K-8 Summer Enrichment	**Non-District 95 High School Summer School**
K-8 Athletic Camps	**Any fines/fees levied against the student for the loss or destruction of District property, including textbooks, devices, or other school owned materials.**

*The list of fees that are not eligible for any waiver or reduction is not limited to the items listed.

If a student receiving a fee waiver is found to be no longer eligible during the school year, the Superintendent or designee shall notify the student's parent/guardian and charge the student a prorated amount based upon the number of school days remaining in the school year.

Determination and Appeal

Within 30 calendar days after the receipt of a waiver request, the Business Office shall mail a notice to the parent/guardian whenever a waiver request is denied. The denial notice shall include: (1) the reason for the denial, (2) the process and timelines for making an appeal, and (3) a statement that the parent/guardian may reapply for a waiver any time during the school year if circumstances change. If the denial is appealed, the district shall follow the procedures for the resolution of appeals as provided in the ISBE rule on waiver of fees. Determinations for incomplete applications may not be appealed.

Lake Zurich CUSD 95

Fee Waiver Income Verification Form

Board Policy 4:140
Revised 6/25/2020

Please list all household members and include Gross Income (before deductions). You must state how much and how often you are paid and include overtime, if applicable.
If the household member has no income, please check the box.

A. LIST ALL HOUSEHOLD MEMEBERS	School	Grade	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example $100/month, $100 twice a month, $100 every other week, $100/weekly)								e. Check if No Income
			a. Earnings from work (Before Deductions)		b. Welfare, Child Support, Alimony		c. Pensions, Retirement, Social Security		d. Worker's Comp., Unemployment, SSI, etc. (All Other Income)		
			AMOUNT	HOW OFTEN?	AMOUNT	HOW OFTEN?	AMOUNT	HOW OFTEN?	AMOUNT	HOW OFTEN?	
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B. Signature: An adult household member must sign the application. Your signature below indicates your agreement with the following: I certify all information on this application is true and all income is reported. The district has my permission to validate any information submitted.

Date	Printed Name of Adult Household Member	Signature of Adult Household Member	Email of Adult Household Member
_____	_____	_____	_____

C. Contact Information:

Work Telephone Number	Home Telephone Number	Home Address (number, street, city, zip)
_____	_____	_____

FOR SCHOOL USE ONLY

INITIAL DETERMINATION — **Convert income if listed in different frequencies. Annual Income Conversion: Weekly x52, Every 2 weeks x 26, Twice a month x 24, Once a month x 12**

TOTAL INCOME $_____ **FREQUENCY:**_____ **NUMBER IN HOUSEHOLD**_____

APPROVED: FREE: ☐ REDUCED: ☐ BASED ON HOUSEHOLD INCOME AND SIZE

DENIED: INCOMPLETE APPLICATION: ☐ INCOME TOO HIGH: ☐

Signature pf Determining Official: _____ Date:_____

Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating based on race, color, national origin, sex, age or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

EXPIRES: JUNE 30,2027

This fee waiver applies ONLY to current year fees for:
Registration, PE Uniforms, Behind the Wheel, Sports Fees,
Extracurricular Fees.

PLEASE FOLLOW THESE INSTRUCTIONS:

Part A–Name: List all household members residing in your home. For students, please list school of attendance and grade.

Columns a-e –Gross Income last month and How Often It Was Received: For all household members, list each type of income received last month and how often it is received.

Column a: *Earnings from Work - list* the **gross income** for each person earned from work**.** This is not the same as take home pay**. Gross Income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub. Next to the amount, indicate how often the person receives it (weekly, every other week, twice a month or monthly).

For self-employed individuals ONLY: under *Earnings from Work,* report your income from Schedule C.

If you are in Military Housing Privatization Initiative or receive combat pay, do not include these allowances as income.

Column b: *Welfare, Child Support, or Alimony* - List the amount each person received and the frequency.

Column c: *Pensions, Retirement, Social Security* - list the amount each person received and the frequency.

Column d: *All Other Income Sources such* as worker's compensation, unemployment, Supplemental Security Income (SSI), Veterans Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, and any other income. List the amount received and the frequency.

Column e*: No Income* - For those individuals who do not have income, please check the box at the far right hand side of their designated line**. Every household member (including children) should have their income listed or have the no income box checked.**

Part B: An adult household member must sign and date the form. Please provide email if possible. Approvals will be sent via email.

Part C: Provide work and home telephone numbers, and address of residence.

REQUIRED DOCUMENTATION: Please attach documentation that shows your household's current income for all types of income indicated.

The documentation included must show: (1) the amount of income received; (2) the name of the person who received it; (3) the date the income was received; and (4) how often the income is received. Please submit copies of the following documents as necessary: *ONE CURRENT MONTH OF PROOF OF INCOME MUST BE SUBMITTED*

- □ **Earnings/Wages/Salary for each job:** Payroll stub(s) that shows earnings for the most recent month and how often pay is received, or a letter from employer stating gross wages and how often they are paid. For ***self-employment income***, submit most recent 1040 tax return and/also Schedule C
- □ **Social Security/Pensions/Retirement:** Social Security retirement benefit letter or statement of benefits received or pension award notice.
- □ **Unemployment compensation/disability or worker's compensation:** Notice of eligibility from State employment office, bi-weekly benefit payment stub or letter from worker's compensation.
- □ **Welfare Payments:** Benefit letter from welfare agency.
- □ **Child Support/Alimony:** Court decree or agreement or copies of checks received.
- □ **All Other Income:**
    1. If you have other forms of income such as ***rental income***, submit most recent, 1040 tax return and/also Schedule E
    2. For ***farming income***, Submit most recent 1040 tax return and/also Schedule F
- □ **No Income:** If you have no income, send a letter explaining how you provide food, clothing, and housing for your household, and when you expect an income.

Note: Inability to provide all required documentation listed above will result in automatic denial of fee waiver application.