

## Alternate Household Income Form

To determine eligibility to receive 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:

**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.** 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, ect.

1. Total # of people in household	2. Select the appropriate range of <u>combined annual income</u> for all people in the household <small>(Include all income sources listed above, before taxes. Select from the same row as your total household number)</small>		
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 – \$17,667.00	<input type="checkbox"/> \$17,668.00 - \$25,142.00	<input type="checkbox"/> At or Above \$25,143.00
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 – \$23,803.00	<input type="checkbox"/> \$23,804.00 - \$33,874.00	<input type="checkbox"/> At or Above \$33,875.00
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 – \$29,939.00	<input type="checkbox"/> \$29,940.00 - \$42,606.00	<input type="checkbox"/> At or Above \$42,607.00
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 – \$36,075.00	<input type="checkbox"/> \$36,076.00 - \$51,338.00	<input type="checkbox"/> At or Above \$51,339.00
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 – \$42,211.00	<input type="checkbox"/> \$42,212.00 - \$60,070.00	<input type="checkbox"/> At or Above \$60,071.00
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 – \$48,347.00	<input type="checkbox"/> \$48,348.00 - \$68,802.00	<input type="checkbox"/> At or Above \$68,803.00
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 – \$54,483.00	<input type="checkbox"/> \$54,484.00 - \$77,534.00	<input type="checkbox"/> At or Above \$77,535.00
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 – \$60,619.00	<input type="checkbox"/> \$60,620.00 - \$86,266.00	<input type="checkbox"/> At or Above \$86,267.00
If household size is more than 8, list the household size and total annual income below.			
<input type="checkbox"/> Size: _____	<input type="checkbox"/> Income: _____		

3. **List all students in the household.** If any students you are applying for: receives SNAP, TANF, and/or Medicaid benefits, is a foster child, is 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	Medicaid Benefits	Foster	Homeless, Migrant, Runaway	Head Start

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

SNAP/TANF case number \_\_\_\_\_ Medicaid Case Number \_\_\_\_\_

**Contact information and adult signature**

"I certify that all information on this application is true and that all income is reported. I understand that information given on this application is subject to additional documentation if requested for federal/state audits."

\_\_\_\_\_  
Name of Adult Household Member Completing the Form (printed)

\_\_\_\_\_  
Signature Today's Date

\_\_\_\_\_  
Street Address (if applicable), Apt # City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Email

**CHECKLIST**

- Have you included all of your children as household members?
- Are **both** the household size and total household income range boxes checked?
- Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- Have you signed the form?

(Please initial by each disclaimer below if applying for free/reduced lunch benefits). Skip if you do not qualify or not applying for benefits.

\_\_\_\_\_ **If APPROVED, I understand I may be asked for proof of SNAP benefits approval letter and/or proof of income (Tax Return, Pay Stub, etc.)**

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

**Lunch Status:**  Free  
 Reduced  
 Full Pay

*I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.*

Signature (of school or district staff): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Notes:** Federal regulates mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the nonprofit school food service account. All documentation is subject to federal and state audits.