HOUSEHOLD AND INCOME FORM

To determine eligibility for various additional state and federal programs benefits that your child(ren) may qualify for, please complete, sign and

return this application to

(school name)

1. All Household Members																			
NAMES OF ALL HOUSEHOLD MEME First, Middle Initial, Last	SERS (for Student or School Na	(for Student only) School Name			household members) Skip to Part 4 if you list a SNAP												neck if NO Icome	Check if Foster Child	
							-			-		-							
							-			-		-							
							-			-		-							
							-			-		-			\square				
							-			-		-	_		\square				
							-	_		-		-			\vdash	_			
2. Homeless, Migrant, Runaway, o	r Head Start						-			-		-							
Homeless Migrant	_	lead Start																	
3. Total Household Gross Income	(before deduction	s) You must te	ell us how much	and how of	ften														
Α.	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)																		
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony			D. Pensions, Retirement, Social Security					E	. v men	Norke it, SS	omp., l (All otl	p., Unemploy- l other income)			
	Amount	How often?	Amount	How often?			Am	ount		Н	low ofte	en?			Amour	nt	F	low oft	en?
i.	\$		\$			\$							\$	\$					
ii.	\$		\$			\$							ŝ	\$					
iii.	\$		\$			\$						\$							
iv.	\$		\$			\$							Ş	\$					
V.	\$		\$			\$							\$	\$					
4. Signature																	1		
Date	Printed	Name of Adult Ho	ousehold Member					Sia	natu	re o	f Adult	Ho	useh	old	Mem	her			
5. Contact Information																			
Work Telephone Number (Include Area C	ode) Home Telepho	ne Number (Inclu	ude Area Code)	Но	ome	Add	ress	(Nun	nber,	Stre	eet, C	ity, S	State	, Zip) Cod	e)			
			SCHOOL USE				10.00			0.7		1.0.1		40	Con	vert inc	ome or	nly if di	fferent
	Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only if different frequencies of pay are reported																		
TOTAL INCOME \$ Per:	Every 2 Week Weeks	Twice a	Month Ye	ar HOUSEH														e	
Currently receive benefits based on:	or TANF	Signature of De	etermining Official							-	D)ate:		With	ndrawn	1			
Privacy Act Statement : The Illinois State benefits programs. You do not have to giv hold the information you provide us as pri help them evaluate, fund, or determine be	ve this information, bu vate and confidential	t if you do not, we to the extent requ	e cannot determine uired by law. Howe	your child's e /er, we will sha	ligibi are y	ility f your	or a soci	dditio oeco	nal t nomi	oene c sta	fits ur atus w	nder vith v	state vario	e an us si	id fed tate a	eral p and fee	rograr deral p	ns. V progra	/e will
Non-discrimination Statement: In accorr origin, sex, age or disability. To file a com Philadelphia, PA 19107-3323 or call (215) (800) 877-8339; or (800) 845-6136 (Span	plaint of discrimination 656-8541 (Voice). In	n, write U.S. Dep dividuals who are	partment of Education hearing impaired of	on, Office for O or have speech	Civil 1 dis	Righ abili	its, ⊺ ties	The V may (/ana	mak	er Bui	ildin	g, 10	00 P	enn S	Square	e East	, Suite	e 515,

INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.).

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

Box 1–Name: List all household members with income.

Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.