HOUSEHOLD INFORMATION SURVEY

To qualify for school fee waivers (book rental, drivers ed, etc.) and other benefits, please provide the following information.

There are \_\_\_\_\_\_\_\_\_\_ people in my household, including **ALL** children and adults.

The total annual income for **ALL** people in the household before any deductions for taxes, insurance, medical expenses, child support, etc. is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year.

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), please provide the name and 10-digit case number for the person who receives the benefits.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10-Digit Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

🞏 Additional students are listed on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Print Name Date

**For School Use Only:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved for free waiver**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved for reduced waiver**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does not qualify for waiver**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**