

2021-2022 Alternate Household Income Form

(If student qualifies, another form will be filled out in April, but proof of income will not need to be provided unless expired).

Students Name: _____

Check below if one or both statements apply:

My family does not qualify for Free or Reduced Lunch Status - ← Check here if applicable and go to back page to complete **highlighted** area on page 2

I understand this form must be offered to all families who attend Gray Collegiate Academy. I decline to fill this form out. ← Check here if applicable and go to back page to complete **highlighted** area on page 2

Please fill out the highlighted section on the next page with signature and address information even if you do not qualify. All families must be given the opportunity to complete the form or decline.

In order to determine eligibility to receive additional benefits for your child (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 with any supporting documents to: [**Robin Fox, rfox@grayca.com**]

IMPORTANT NOTES: *The submission of this form has no impact on receiving school meals.*

Report income for ALL Household Members.

A. Child Income

Sometimes children in the household earn or receive income.

(Please include the TOTAL income received by all Household members listed in STEP D here.)

Child Income

How often?

\$

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members NOT listed in STEP D (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of ADULT Household Members (First and Last)	Earnings from Work				Public Assistance/ Child Support/ Alimony				Pensions/Retirement/ All Other Income			
	How often?				How often?				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

X	X	X	-	X	X	-				
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Check if no SSN

C. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

NO YES If yes, write case number here: _____

D. List all students in the household. If any student you are applying for: receives SNAP, TANF, and/or Medicaid benefits; is a foster child; is a 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

Please sign to certify that all of the above information is accurate:
 "I certify (promise) that all information on this application is true and that all income is reported."

_____ **Printed name of Adult Household Member Completing Form** _____ **Signature**

_____ **Date** _____ **Street Address (if available), Apt #** _____ **City** _____ **State** _____ **Zip Code** _____ **Phone Number**

PARENT/GUARDIAN CHECKLIST

- Have you included all of your children as household members? Are all adults included?
- Is all income recorded in Step B?
- Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- Have you signed the form?

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income	How often?				Household Size	Eligibility		
	Weekly	Bi-Weekly	2x Month	Monthly		Free	Reduced	Full Pay
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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: _____