

Select School from drop-down list at the right.

# State Public Charter School Authority 2016-2017 Income Verification Form

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p><b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant</b> or <b>Runaway</b> are eligible for support.</p>	<b>Child's First Name</b>	<b>MI</b>	<b>Child's Last Name</b>	<b>Student?</b> Yes No	<b>Homeless, Migrant, Runaway</b> Foster Child
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Yes No

If you answered **NO** > Complete STEP 3.    If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)    **Case Number:**

Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**The Sources of Income for Children** section will help you with the **Child Income** question.

**The Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

Income information is not required but will be used to determine if children are eligible for support or if the school may be eligible for Federal and State grants. Check the box below if you elect not to provide this information.

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here .

	Child income	How often?			
\$	<input style="width: 40px;" type="text"/>	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 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars 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	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Total Household Members (Children and Adults)**   

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**                     

**Check if no SSN**

**STEP 4** Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the potential receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws."

<input style="width: 100%;" type="text"/>	Apt #	<input style="width: 100%;" type="text"/>	City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>	Zip	<input style="width: 100%;" type="text"/>	Daytime Phone and Email (optional)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Printed name of adult completing the form		Signature of adult completing the form				Today's date			

## PRIVACY ACT STATEMENT

**This explains how we will use the information you give us.** You do not have to give the information, but if you do not, we cannot include your child for our statistics. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for support or if the school may be eligible for Federal and State grants.

## DO NOT FILL OUT THIS PART, THIS IS FOR OFFICIAL SCHOOL USE ONLY

**Annual Income Conversion:** Weekly x 52, BiWeekly x 26, BiMonthly x 24, Monthly x 12

**Total Income per Year:** \_\_\_\_\_ **Household Size:** \_\_\_\_\_

**Eligibility:** Free  Reduced  Paid

**Verifying Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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