Identify Name of the Charter School.

## **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) Student? Foster Migrant, **Child's First Name** MI **Child's Last Name** Definition of Household Child Runaway Yes No Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless. Migrant or Runaway are eligible for support. No STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Case Number: 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) 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) How often? A. Child Income The Sources of Income Child income Weekly Bi-Weekly 2x Month | Monthly Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members for Children section will help you with the Child Income question. B. All Adult Household Members (including yourself) The Sources of Income 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. for Adults section will help you with the All How often? How often? How often? Public Assistance/ Pensions/Retirement/ Adult Household Name of Adult Household Members (First and Last) Earnings from Work Weekly Bi-Weekly 2x Month | Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month | Monthly All Other Income Weekly Bi-Weekly 2x Month Monthly 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 **Total Household Members** Last Four Digits of Social Security Number (SSN) of Х  $X \mid X$  $\mathbf{X} \mid \mathbf{X}$ Check if no SSN (Children and Adults) Primary Wage Earner or Other Adult Household Member 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." Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

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: