## 2017-2018 Alternate Household Income Form

Highland Community School participates in the Community Eligibility Provision, which means <u>all</u> students qualify for free meals. However, to determine eligibility to receive <u>additional</u> benefits beyond free meals for your child(ren) and school, please complete a household income form and return the form with your registration material.

- **1.** Select the total number of people in your household. Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be <u>before</u> any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people	2.	• Select the appropriate range of combined annual income for all people in the			
in household		household (Include all income sources listed above, before taxes.)			
<b>1 –</b>	•	▶ □ \$0 - \$22,311	At or Above \$22,312		
<b>2</b> –		▶ □ \$0 - \$30,044	At or Above \$30,045		
<b>3 –</b>	-	▶ □ \$0 - \$37,777	At or Above \$37,778		
□ 4 —		▶ 🗖 \$0 - \$45,510	At or Above \$45,511		
<b>G</b> 5 —	-	► □ \$0 - \$53,243	At or Above \$53,244		
<b>G</b> 6 —	•	► 🖵 \$0 - \$60,976	At or Above \$60,977		
<b>7</b>	-	► 🗖 \$0 - \$68,709	At or Above \$68,710		
□ 8 —	-	▶ 🗖 \$0 - \$76,442	At or Above \$76,443		
<b>9</b> –	•	▶ 🖬 \$0 - \$84,175	At or Above \$84,176		
<b>1</b> 0 <b>—</b>		▶ □ \$0 - \$91,908	At or Above \$91,909		
<b>1</b> 1 <b>1</b>	•	► 🖬 \$0 - \$99,641	At or Above \$99,642		
<b>1</b> 2 <b>—</b>		▶ □ \$0 - \$107,374	At or Above \$107,375		
If household size is more than 12, list the household size and total annual income below.					
Gize:		ncome:			

List all students in the household. If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

**Contact information and adult signature** "I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)			
Signature	Today's		
Street Address (if available), Apt #	City	State	Zip Code
,	Email (optional)		
CHECKLIST  Have you included all of your children as  Are <u>both</u> the household size and total ho		oxes checked?	
DO NOT FILL OUT THIS	S PART. THIS IS FOR SC	HOOL USE ONI	LY.
<b>Economic Status:</b> Economically Disadvantaged (free Non-Economically Disadvantaged			
I have reviewed the above and have concluded that i	it is properly and completel	y filled out to the	best of my knowledge.
Signature (of school or district staff):			
Print Name:			
Date:			
Reminder: All costs associated with distributing, col with funds outside of the nonprofit school food serv		e household incoi	me forms must be paid for