

**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)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Student? Yes No	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

**STEP 2** Report Income for ALL Household Members

**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 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)	Gross 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 type="text"/>	\$ <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"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	\$ <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"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 3** 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 receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Free and Reduce price school meals will only cover one meal per day. All a la carte meals and extra meals will be charged at full price.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
Daytime Phone and Email (optional)				
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Printed name of adult signing the form	Signature of adult		Today's date	

# INSTRUCTIONS Source of Income

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

## Do Not Fill Out For Dining Services Use Only

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

<b>Total Income</b> <input type="text"/>		How often? <table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>2x Month</td> <td>Monthly</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	2x Month	Monthly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Household Size</b> <input type="text"/>	<b>Categorical Eligibility</b> <input type="checkbox"/>	Eligibility: <table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly	Bi-Weekly	2x Month	Monthly																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																
Free	Reduced	Denied																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
<b>Determining Official's Signature</b> <input type="text"/>	<b>Date</b> <input type="text"/>	<b>Confirming Official's Signature</b> <input type="text"/>	<b>Date</b> <input type="text"/>	<b>Verifying Official's Signature</b> <input type="text"/>	<b>Date</b> <input type="text"/>														