

App #21
Entered Econ Disad \Box

2020-2021 Alternate Household Income Form

Your 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 (one per household). Return form to your child's school main office or to the Kolak Center, Business Office, 1500 Fourth Street, Beloit, WI 53511.

- 1. Select the total number of people in your household. Be sure to include all children and adults, related and un-related, 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.

	, <u></u> , ,	, , , , , , , , , , , , , , , , , , , ,					
1. Total number of people in	2. Select the appropriate range of combined annual income for all people in						
household	the household (Include all income sources listed above, before taxes.)						
Trouserrord							
□ ₁ —	□ \$0 - \$23,606	☐ At or Above \$23,607					
□ 2 →	□ \$0 - \$31,894	☐ At or Above \$31,895					
□ 3 →	□ \$0 - \$40,182	☐ At or Above \$40,183					
□ 4 →	□ \$0 - \$48,470	☐ At or Above \$48,471					
□ 5	□ \$0 - \$56,758	☐ At or Above \$56,759					
□ 6 →	□ \$0 - \$65,046	☐ At or Above \$65,047					
□ 7 →	□ \$0 - \$73,334	☐ At or Above \$73,335					
□ 8 →	□ \$0 - \$81,622	☐ At or Above \$81,623					
9	□ \$0 - \$89,910	☐ At or Above \$89,911					
□ 10 →	□ \$0 - \$98,198	☐ At or Above \$98,199					
□ 11 →	□ \$0 - \$106,486	☐ At or Above \$106,487					
☐ 12 →	□ \$0 - \$114,774	☐ At or Above \$114,775					
If household has more than 12 people, fill in the following							
□ SIZE:	☐ INCOME:						

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.

List Only Current School District of Beloit Students				Only c	heck these b applicable	oxes if
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 (p	promise) that all information on thi	s application is true and th	at all income is repo	orted."	
Name of A	dult Completing the Form (printed)			
Signature		Today	's Date		
Street Add	ress (if available), Apt #	City	State	Zip Code	
Daytime Ph	none	Email (d	optional)		
	Have you included all of your child Are <u>both</u> the household size and to Have you signed the form?				
Ecor	DO NOT FILL OU	JT THIS PART. THIS IS	FOR SCHOOL US	E ONLY.	
		lvantaged (paid)	mpletely filled out to a	the best of my knowledge.	

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

Signature (of school or district staff):_____

Print Name: