

2015-2016 Household Income Form

Your school is a Community Eligible school, 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 this household income form (one per household). Return form to any school building or to the Kolak Center, Business Office, 1633 Keeler Avenue, 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 before 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.)		
1	→ □ \$0 - \$21,775	At or Above \$21,776	
2	▶ □ \$0 - \$29,471	At or Above \$29,472	
3 —	▶ □ \$0 - \$37,167	At or Above \$37,168	
□ 4	▶ 🛛 \$0 - \$44,863	At or Above \$44,864	
5 –	► □ \$0 - \$52,559	At or Above \$52,560	
G 6	➡ □ \$0 - \$60,255	At or Above \$60,256	
D 7 —	▶ □ \$0 - \$67,951	At or Above \$67,952	
□ 8 —	▶ □ \$0 - \$75,647	At or Above \$75,648	
9 —	► □ \$0 - \$83,343	At or Above \$83,344	
1 0 —	▶ □ \$0 - \$91,039	At or Above \$91,040	
1 1 1	▶ □ \$0 - \$98,735	At or Above \$98,736	
1 2 —	▶ □ \$0 - \$106,431	At or Above \$106,432	
If household size is more than 12, list the household size and total annual income below.			
Gize:	🗖 Income:		

List all <u>students</u> 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	Migrant	Homeless, 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."

Print Name	Sign Name		Date
Address	City	State	ZIP
Primary Phone	Secondary Phone	Email	

CHECKLIST

Have you included all your children as household members?

□ Are *both* the household size and total household income range boxes checked?

□ Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.					
Economic Status: Economically Disadvantaged (free/reduced) Non-Economically Disadvantaged (paid)					
I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.					
Signature:	Date:				