



2017-2018 Alternate Household Income Form

Your school participates in the Community Eligibility Provision, which means all students qualify for free meals. However, to determine eligibility to receive additional 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, 1633 Keeler Avenue, Beloit, WI 53511.

- 1. First 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. Then select ONE box that represents the range of annual household income WITHIN the same row of your total number of people in your household.** 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. First select the box for total # of people in your household		2. Then follow the arrow across and select one box for the range of combined annual income for all people in the household <i>(Include all income sources listed above, before taxes.)</i>		
NOTE: ONLY SELECT <u>ONE</u> INCOME BOX <u>WITHIN</u> THE SAME ROW OF YOUR TOTAL # OF PEOPLE IN YOUR HOUSEHOLD				
<input type="checkbox"/> 1	→	<input type="checkbox"/> Between \$0 to \$22,311	OR	<input type="checkbox"/> At or Above \$22,312
<input type="checkbox"/> 2	→	<input type="checkbox"/> Between \$0 to \$30,044	OR	<input type="checkbox"/> At or Above \$30,045
<input type="checkbox"/> 3	→	<input type="checkbox"/> Between \$0 to \$37,777	OR	<input type="checkbox"/> At or Above \$37,778
<input type="checkbox"/> 4	→	<input type="checkbox"/> Between \$0 to \$45,510	OR	<input type="checkbox"/> At or Above \$45,511
<input type="checkbox"/> 5	→	<input type="checkbox"/> Between \$0 to \$53,243	OR	<input type="checkbox"/> At or Above \$53,244
<input type="checkbox"/> 6	→	<input type="checkbox"/> Between \$0 to \$60,976	OR	<input type="checkbox"/> At or Above \$60,977
<input type="checkbox"/> 7	→	<input type="checkbox"/> Between \$0 to \$68,709	OR	<input type="checkbox"/> At or Above \$68,710
<input type="checkbox"/> 8	→	<input type="checkbox"/> Between \$0 to \$76,442	OR	<input type="checkbox"/> At or Above \$76,443
<input type="checkbox"/> 9	→	<input type="checkbox"/> Between \$0 to \$84,175	OR	<input type="checkbox"/> At or Above \$84,176
<input type="checkbox"/> 10	→	<input type="checkbox"/> Between \$0 to \$91,908	OR	<input type="checkbox"/> At or Above \$91,909
<input type="checkbox"/> 11	→	<input type="checkbox"/> Between \$0 to \$99,641	OR	<input type="checkbox"/> At or Above \$99,642
<input type="checkbox"/> 12	→	<input type="checkbox"/> Between \$0 to \$107,374	OR	<input type="checkbox"/> At or Above \$107,375
If household size is more than 12, list the household size and total annual income below.				
<input type="checkbox"/> Size: _____		<input type="checkbox"/> Income: _____		

List all current Beloit School District 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		Grade	School Child Attends	Only check these boxes if applicable				
Student's First Name	Student's Last Name			Foster Child	Homeless, Migrant, Runaway	Head Start Student		



Contact information and adult signature

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

Print Name of Adult Completing the Form

Signature

Today's Date

Address

City

State

Zip Code

Primary Phone

Secondary Phone

Email

CHECKLIST

- ☐ Have you included all of 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 (of school or district staff): _____

Print Name: _____

Date: _____

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.