

Income Eligibility Guidelines 2017-2018

1. **Student Information:** Please clearly print Name, Grade & School of Child/Children:

Name of Student	Grade	School

Additional names on back if necessary

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10 digit case number below for the person receiving the benefits. **Then proceed to Section 4, no income information is needed.** If no one receives these benefits, continue on with Section 2.

Name: _____ 10 Digit Case Number: _____

2. **Purpose of Reporting Household Income:** Federal programs provide a variety of materials and services for children, teachers and our school. These include additional educational assistance for students, teacher workshops, Internet connectivity, and others. Nearly every Federal program uses low-income data to determine funding.

Please calculate TOTAL income in your household including all income for all household members (related or unrelated) in your home. Sources of income include:

*Gross Earnings: Wages, Salary, Commissions
Payments from Pensions, Retirement, Social Security
Worker's Compensations, Unemployment, Strike Benefits*

*TANF Payments, Child Support, Alimony
Dividends or Interest on Savings
Other income (SSI, VA, Disability, Farm)*

3. **Household Income:** Please **CIRCLE** the total number of household members, whether they receive income or not. Next, **CIRCLE** the total income of all these household members before taxes either weekly **OR** monthly **OR** yearly. If the total income is more than any of the amounts listed next to your number of household members, circle N/A.

Total number in Household	Weekly Income (or less)	Monthly Income (or less)	Yearly Income (or less)	Income is higher than listed
1	\$430	\$1,860	\$22,311	N/A
2	\$578	\$2,504	\$30,044	N/A
3	\$727	\$3,149	\$37,777	N/A
4	\$876	\$3,793	\$45,510	N/A
5	\$1,024	\$4,437	\$53,243	N/A
6	\$1,173	\$5,082	\$60,976	N/A
7	\$1,322	\$5,726	\$68,709	N/A
8	\$1,471	\$6,371	\$76,442	N/A

Each addt'l member: +\$149 +\$645 +\$7,733

4. **Certification of Income:** I Certify that all of the above information is true and correct, and all income is reported if required. I understand that this information is being given for the receipt of federal funds, and that school officials may verify the information on the form.

Signature of Parent/Guardian

DATE