## INSERT SCHOOL/DISTRICT NAME HERE

## **School Year 2023-24 Family Income Survey**

Return this form to:

OR

Complete one income survey per household

**Apply Online:** 

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

**Step 1:** List **all students** living with you that are attending school.

Student's Last Name	Student's First Name			Mid Init	Date of	Date of Rirth			School									Grade		
Step 2: Are any of the listed studen	<del></del>			-	_				_	_										
Step 3: Do any household member											·	-								
Step 4: Household Income: List all I	household memb	oers e	even if	they d	lo no	receive inco	me. F	or ead	ch hous	sehol	d member listed	l, rep	ort to	tal gro	ss inc	ome (before	taxes	and	deduct	ions)
Names of ALL other household members (do not include students listed above	" TOTAL WOLK	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
Step 5: Contact Information & Sign I promise that the information based on the information I give to support my child's education	on this income s	nat sc					-				•		-	-						
Printed Name of Adult Household Member Adul			lult Household Member Signature							E-mail Address										
Mailing Address				_		City, State, &	Zip Co	ode			Da	ytime	Phor	ne	-	Date				

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		SCHOOL USE ONLY – I	DO NOT WRI	TE BELOW TH	IS LINE				
ANNUAL INCO	OME CONVERSION: Weekly x 52; Bi-Week	xly x 26; Twice per month x 24; Month	ıly x 12.	(Do <b>NOT</b> c	onvert to annual incom	ne unless househ	old reports multiple	pay freque	ncies).
APPROVAL:	☐ Basic Food/TANF/FDPIR/Foster☐ Income Household	Total Household Size Total Household Income	\$		Weekly	Bi-Weekly	2x per Month	Monthly	Annual
Family Income S	<b>Survey qualifies</b> for household at or below	the income eligibility guidelines listed	d below:	Yes	□ No				
Date Notice Sent	Signature	of Approving Official		Da	te				

## Income Eligibility Guidelines Effective from July 1, 2023, through June 30, 2024

	Income										
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly						
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519						
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702						
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885						
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068						
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251						
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434						
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616						
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799						
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183						