

Complete one application per household. Please use a pen (not a pencil).

Date received: _____

sheet of paper.

Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**,

Meals for more information.

[illegible]

Case Number:

Write only one case number in this space.

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income		How Often?			
		Weekly	Bi-Weekly	2xMonthly	Monthly

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Name of Adult Household Members (First and Last)	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?			
	Earnings from Work	Weekly Bi-Weekly	2x Month Monthly		Weekly Bi-Weekly	2x Month Monthly	Weekly Bi-Weekly		2x Month Monthly			
	\$			\$			\$					
	\$			\$			\$					
	\$			\$			\$					
	\$			\$			\$					
	\$			\$			\$					
	\$			\$			\$					
	\$			\$			\$					
Total Household Members (Children and Adults)				Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	X X X X	X X					Check if no SSN	<input type="checkbox"/>

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)		Apt #			
City		State		Zip	
Daytime Phone and Email (optional)					

Printed name of adult signing the form

Signature of adult

Today's date