

2020-2021 Household Income Form

Mount Olive participates in a variety of programs that allow the school to receive dollars from the federal and state governments to provide tuition assistance, educational resources and training to teachers and students. However, to determine our eligibility status and the amount of available dollars to us, school families need to complete a household income form. Return this form to the school office.

- 1. Select the total number of people in your household.** Be sure to include all children and adults, related and unrelated, 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 number of people in household	2. Select the appropriate range of combined annual income for all people in the household <i>(Include all income sources listed above, before taxes.)</i>	
<input type="checkbox"/> 1 →	<input type="checkbox"/> \$0 - \$23,606	<input type="checkbox"/> At or Above \$23,607
<input type="checkbox"/> 2 →	<input type="checkbox"/> \$0 - \$31,894	<input type="checkbox"/> At or Above \$31,895
<input type="checkbox"/> 3 →	<input type="checkbox"/> \$0 - \$40,182	<input type="checkbox"/> At or Above \$40,183
<input type="checkbox"/> 4 →	<input type="checkbox"/> \$0 - \$48,470	<input type="checkbox"/> At or Above \$48,471
<input type="checkbox"/> 5 →	<input type="checkbox"/> \$0 - \$56,758	<input type="checkbox"/> At or Above \$56,759
<input type="checkbox"/> 6 →	<input type="checkbox"/> \$0 - \$65,046	<input type="checkbox"/> At or Above \$65,047
<input type="checkbox"/> 7 →	<input type="checkbox"/> \$0 - \$73,334	<input type="checkbox"/> At or Above \$73,335
<input type="checkbox"/> 8 →	<input type="checkbox"/> \$0 - \$81,622	<input type="checkbox"/> At or Above \$81,623
<input type="checkbox"/> 9 →	<input type="checkbox"/> \$0 - \$89,910	<input type="checkbox"/> At or Above \$89,911
<input type="checkbox"/> 10 →	<input type="checkbox"/> \$0 - \$98,198	<input type="checkbox"/> At or Above \$98,199
<input type="checkbox"/> 11 →	<input type="checkbox"/> \$0 - \$106,486	<input type="checkbox"/> At or Above \$106,487

If household has more than 11 people, fill in the following

☐ SIZE: _____ ☐ INCOME: _____

List all students in the household. If a child you are applying for is a foster child; please check the appropriate box.

Student's First Name	Student's Last Name	2020-21 Grade Level	School Child Currently Attends	Foster

Contact information and adult signature

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

Name of Adult Completing the Form (printed)

Signature

Today's Date

Street Address

Apt # (if needed)

City

State

Zip Code

Daytime Phone

Email (optional)

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.