



Alternate Household Income Form

To determine eligibility benefits (like a fee waiver) for your child(ren) at the school level, please complete this household income form. Return form to: ahickerson@coastalhs.org.

Important Notes: The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver. Additional information may be required at the discretion of the school.

1. **Circle 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. **Circle 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/all other income., The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total # of people in the household	2. Select the appropriate range if combined annual income for all people in the household.		
1	\$0-\$18,954	\$18,955-\$26,973	At or above \$26,974
2	\$0-\$25,636	\$25,636-\$36,482	At or above \$36,483
3	\$0-\$32,318	\$32,319-\$45,991	At or above \$45,992
4	\$0-\$39,000	\$39,001-\$55,500	At or above \$55,501
5	\$0-\$45,682	\$45,683-\$65,009	At or above \$65,010
6	\$0-\$52,364	\$52,365-\$74,518	At or Above \$74,519
7	\$0-\$59,046	\$59,047-\$84,027	At or Above \$84,028
8	\$0-\$65,728	\$65,729-\$93,536	At or Above \$95,537

If your household size is more than 8, list the household size and total annual income below:

Size:	Income:
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3. **List all students in the household.** If any child listed receives SNAP, TANF, and/or Medicaid benefits, please list the appropriate case number.

Student's First Name	Student's Last Name	Grade/School Child currently attends	Case Number (Medicaid, SNAP, TANF)

"I certify that all information on this application is true and that all income is reported. I understand that information given on this application is subject to additional documentation if requested for federal/state audits."

Name (printed)

Signature

Date

_____ Initial

If approved I understand I may be asked for proof of SNAP, TANF, Medicaid benefits approval letter and/or proof of income (Tax return, pay stub, etc.)

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

___ Free

___ Full Pay

___ Reduced

Initial _____ Date _____