

## ECONOMIC DISADVANTAGED APPLICATION

<b>LIST ALL HOUSEHOLD MEMBERS</b>		
Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate <i>NA</i> If Person Is Not in School	Grade (If Applicable)

<b>TOTAL HOUSEHOLD GROSS INCOME.</b>				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>199.99</u> / <u>weekly</u>	\$ <u>99.99</u> / <u>every 2 week</u>	\$ <u>99.99</u> / <u>monthly</u>	\$ <u>50.00</u> / <u>monthly</u>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
<b>Total</b>				

**SIGNATURE**

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

**Sign Here:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion: Weekly x 52,    Every 2 Weeks x 26,    Twice a Month x 24,    Monthly x 12

**Income Eligibility:**

Total Income: \_\_\_\_\_ Per: Week \_\_\_\_\_ Every 2 Weeks \_\_\_\_\_ Twice a Month \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Household Size: \_\_\_\_\_ Economically Disadvantaged: 130% of Poverty  185% of Poverty  No