

ECONOMIC DISADVANTAGED APPLICATION

LIST ALL HOUSEHOLD MEMBERS			
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 Level (If Applicable)	No Income

TOTAL HOUSEHOLD GROSS INCOME.

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
	\$ <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>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Total				

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