**2022-2023 Household Fee Waiver Application**



## Please complete the form below if you feel you may qualify for your required registration fees to be waived based up on your family income. This would include fees for 2023 Summer School. Please turn the completed form into your school office. Official notice and determination will be mailed to the address listed on the form within 30 days. \*Please note that you may be requested to provide proof of income to verify accuracy of the application.

## 

**STEP 1**

**List ALL Household Members who are infants, children, and students up to and including grade 8 (if more spaces are required for additional names, attach another sheet of paper)**

### Child’s First Name MI Child’s Last Name

Definition of **Household 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**, **Migrant** or **Runaway** are eligible for a fee waiver.

**Grade**

Student? Yes No

Check all that apply

Foster Child

Homeless, Migrant, Runaway

# 

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**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?**

**If NO** > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space.

**Case Number:**

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)**

### A. Child Income

Are you unsure what income to include here?

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.

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

### B. All Adult Household Members (including yourself)

Child income

**$**

How often?

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly |
|  | | | |

Name of Adult Household Members (First and Last)

Earnings from Work

### $

How often?

Public Assistance/ Child Support/Alimony

|  |  |  |  |
| --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly |
|  | | | |

### $

How often?

Pensions/Retirement/ All Other Income

|  |  |  |  |
| --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly |
|  | | | |

|  |  |  |
| --- | --- | --- |
| Weekly Bi-Weekly | 2x Month | Monthly |
|  | | |

### $

How often?

### $ $ $

**$ $ $**

**$ $ $**

**$ $ $**

**Total Household Members (Children and Adults)**

**Last Four Digits of Social Security Number (SSN) of**

**Primary Wage Earner or Other Adult Household Member Check if no SSN**

X

X

|  |  |  |
| --- | --- | --- |
| X | X | X |

**STEP 4 Contact information and adult signature.**

“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 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

**INSTRUCTIONS Sources of Income**

|  |  |
| --- | --- |
| Sources of Income for Children | |
| **Sources of Child Income** | **Example(s)** |
| - Earnings from work | - A child has a regular full or part-time job where they earn a salary or wages |
| * Social Security   + Disability Payments   + Survivor’s Beneﬁts | * A child is blind or disabled and receives Social Security beneﬁts * A Parent is disabled, retired, or deceased, and their child receives Social Security beneﬁts |
| -Income from person outside the household | - A friend or extended family member regularly gives a child spending money |
| -Income from any other source | - A child receives regular income from a private pension fund, annuity, or trust |

|  |  |  |
| --- | --- | --- |
| Sources of Income for Adults | | |
| **Earnings from Work** | **Public Assistance / Alimony / Child Support** | **Pensions / Retirement / All Other Income** |
| * Salary, wages, cash bonuses * Net income from self- employment (farm or business)   If you are in the U.S. Military:   * Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) * Allowances for off-base housing, food and clothing | * Unemployment beneﬁts * Worker’s compensation * Supplemental Security Income (SSI) * Cash assistance from State or local government * Alimony payments * Child support payments * Veteran’s beneﬁts * Strike beneﬁts | * Social Security (including railroad retirement and black lung beneﬁts) * Private pensions or disability benefits * Regular income from trusts or estates * Annuities * Investment income * Earned interest * Rental income * Regular cash payments from outside household |

**Do not ﬁll out For School Use Only**

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

**Total Income Household Size Fee Waiver**

|  |  |  |  |
| --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly |
|  | | | |

|  |  |
| --- | --- |
| Approved  Bi-Weekly | Denied  Monthly |
|  | |