

McMinnville School District
Household Income Information
(Please provide only one survey per household)

Address _____

Parent Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

STUDENT NAME(S)	ATTENDING SCHOOL	Do not fill out this section. For School Use Only:
_____	_____	Student ID: _____
_____	_____	Student ID: _____
_____	_____	Student ID: _____
_____	_____	Student ID: _____
_____	_____	Student ID: _____
_____	_____	Student ID: _____

BENEFITS: If any member of your household receives SNAP or TANF, provide the name of the member receiving benefits

Name _____	<input type="checkbox"/> SNAP
_____	<input type="checkbox"/> TANF

STOP: You do not need to complete the income portion of this form if you are receiving benefits stated above

Please check TWO boxes below:

- 1) Column 1 that indicates the number of people in your household; and
- 2) Column 2 that represents your annual income.
- 3) Both check marks must be in the same row

Household Size (check one)	Annual Gross Income (check one)		
	Free	Reduced	Not Eligible
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$15,444	<input type="checkbox"/> \$15,445- \$21,978	<input type="checkbox"/> over \$21,979
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$20,826	<input type="checkbox"/> \$20,827 - \$29,63	<input type="checkbox"/> over \$29,638
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$26,208	<input type="checkbox"/> \$26,209 - \$37,29	<input type="checkbox"/> over \$37,297
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$31,590	<input type="checkbox"/> \$31,591 - \$44,95	<input type="checkbox"/> over \$44,956
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$36,972	<input type="checkbox"/> \$36,973 - \$52,61	<input type="checkbox"/> over \$52,615
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$42,354	<input type="checkbox"/> \$42,355 - \$60,27	<input type="checkbox"/> over \$60,274
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$47,749	<input type="checkbox"/> \$47,750- \$67,951	<input type="checkbox"/> over \$67,952
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$53,157	<input type="checkbox"/> \$53,158 - \$75,64	<input type="checkbox"/> over \$75,648

SIGNATURE An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the informaton.

Sign Here: _____ Date: _____

HOUSEHOLD INCOME INFORMATION

MCMINNVILLE SCHOOL DISTRICT is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's building if your income falls within or below the guidelines listed in the following chart. For the following programs we must have your permission to share your information

Yes, I Do want school officials to share the following information (Mark each program to which you want information released.)

- Educational/School related program fee waiver/reduction
- Athletic Programs fee waiver/reduction
- Administrative School Programs fee waiver/reductions
- Other programs fee waiver/reduction - (Medical/Dental Program fees)

***** **Worksheet** *****

TOTAL MONTHLY HOUSEHOULD INCOME - Report income for all members of household excluding foster children. If you have reported a case number, you do not need to complete this section.

Type of Income	Monthly Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Ben	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	None

INCOME GUIDELINES

INCOME GUIDELINES - Guidelines to be effective from July 1, 2016 through June 30, 2017

Free Guidelines					
Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Every Two Weeks	Weekly
1	\$ 15,444.00	\$ 1,287.00	\$ 644.00	\$ 594.00	\$ 297.00
2	\$ 20,826.00	\$ 1,736.00	\$ 868.00	\$ 801.00	\$ 401.00
3	\$ 26,208.00	\$ 2,184.00	\$ 1,092.00	\$ 1,008.00	\$ 504.00
4	\$ 31,590.00	\$ 2,633.00	\$ 1,317.00	\$ 1,215.00	\$ 608.00
5	\$ 36,972.00	\$ 3,081.00	\$ 1,541.00	\$ 1,422.00	\$ 711.00
6	\$ 42,354.00	\$ 3,530.00	\$ 1,765.00	\$ 1,629.00	\$ 815.00
7	\$ 47,749.00	\$ 3,980.00	\$ 1,990.00	\$ 1,837.00	\$ 919.00
8	\$ 53,157.00	\$ 4,430.00	\$ 2,215.00	\$ 2,045.00	\$ 1,023.00
Each Add't Member Add	\$ 5,408.00	\$ 451.00	\$ 226.00	\$ 208.00	\$ 104.00
Reduced Guidelines					
Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Every Two Weeks	Weekly
1	\$ 21,978.00	\$ 1,832.00	\$ 916.00	\$ 846.00	\$ 423.00
2	\$ 29,637.00	\$ 2,470.00	\$ 1,235.00	\$ 1,140.00	\$ 570.00
3	\$ 37,296.00	\$ 3,108.00	\$ 1,554.00	\$ 1,435.00	\$ 718.00
4	\$ 44,955.00	\$ 3,747.00	\$ 1,874.00	\$ 1,730.00	\$ 865.00
5	\$ 52,614.00	\$ 4,385.00	\$ 2,193.00	\$ 2,024.00	\$ 1,012.00
6	\$ 60,273.00	\$ 5,023.00	\$ 2,512.00	\$ 2,319.00	\$ 1,160.00
7	\$ 67,951.00	\$ 5,663.00	\$ 2,832.00	\$ 2,614.00	\$ 1,307.00
8	\$ 75,647.00	\$ 6,304.00	\$ 3,152.00	\$ 2,910.00	\$ 1,455.00
Each Add't Member Add	\$ 7,696.00	\$ 642.00	\$ 321.00	\$ 296.00	\$ 148.00