

Household Income Verification Form

School Use Only:

F R D

1. CalFresh (Food Stamp), CalWORKs, Kin-Gap, or FDPIR Benefits.

If any adult or child in the household is receiving any of the mentioned benefits please. LIST THE CASE NUMBER AND MARK THE BENEFIT TYPE.

Case Number: _____ CalFresh (Food Stamps) Kin-GAP CalWORKs FDPIR

2. Student Information:

Print the birth date, name, grade, school and monthly income of EACH child who will attend school this year. If you have a Foster Child, please check the box for Foster. Write "O" if no personal income is received.

Mark if Foster	Grade	Student's Birthdate	Student's Last Name	Student's First Name	School Attending	Student's Monthly Income Only

3. ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE STUDENTS LISTED ABOVE.

Report all monthly income received last month before taxes and deductions. Report dollars and cents.

LIST all others living in the household such as parents, grandparents, non-school age children; other relatives etc.	NO income, put X in this box	Gross earnings before deductions; Include all jobs MONTHLY*	Public assistance payments, child support, alimony MONTHLY*	Pension, Soc. Security, perm disability, other income MONTHLY*	Temporary income, temp. disability, unemployment MONTHLY*

*To determine MONTHLY income: Paid Monthly=annual income divided by 12, Paid Twice Per month=annual income divided by 24, Paid Every Two Weeks=annual income divided by 26, and Paid Weekly=annual income divided by 52.

4. ENTER THE TOTAL HOUSEHOLD MEMBERS:

The number you enter must equal the number of names from Part 2 & Part 3.

5. MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____ Daytime Telephone Number: _____

6. Racial Identity

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 Other

7. SIGNATURE: An adult household member must sign the application if Part 3 is completed; the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

Signature: _____

LAST 4 DIGITS OF SSN: _____

I DO NOT
 HAVE A SSN

FIRST NAME: _____ LAST NAME: _____ DATE: _____

CERTIFICATION: I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.