

| PART I: Fill in the following information for children living in your household |        |       |           |      |       |
|---|--------|-------|-----------|------|-------|
| Name of Child(ren) atte   | School | Birth | Grade     |      |       |
| Last  | Middle | First | Attending | Date | Level |
| 1.  |        |       |           |      |       |
| 2.  |        |       |           |      |       |
| 3.  |        |       |           |      |       |
| 4.  |        |       |           |      |       |
| 5.  |        |       |           |      |       |

| PART II: Fill in the following information for Household Size       |  |      |      |                             |      |                              |    |                        |             |  |
|---|--|------|------|-----------------------------|------|------------------------------|----|------------------------|-------------|--|
| Total number of adults and children in Household:                   |  |      |      |                             |      |                              |    |                        |             |  |
| Circle one: 1 2   | 3                                      | 4    | 5    | 6                           | 7    | 8                            | 0  | ther                   |             |  |
| See back of this form for information on household size.            |  |      |      |                             |      |                              |    |                        |             |  |
| PART III: Fill in the following for each source of Household Income |  |      |      |                             |      |                              |    |                        |             |  |
| Household Income reported by Frequency:                             |  |      |      |                             |      |                              |    |                        |             |  |
| Household Members   | Amo<br>Paid V                          |      | Paid | ount if<br>I Twice<br>Month |      | ount if P<br>ery Oth<br>Week |    | Amount if Paid Monthly | Amount if I |  |
| 1.  | \$                                     |      | \$   |                             | \$   |                              |    | \$                     | \$          |  |
| 2.  | \$                                     |      | \$   |                             | \$   |                              |    | \$                     | \$          |  |
| 3.  | \$                                     |      | \$   |                             | \$   |                              |    | \$                     | \$          |  |
| All Additional Income   | \$                                     |      | \$   |                             | \$   |                              |    | \$                     | \$          |  |
| Subtotal  | \$                                     |      | \$   |                             | \$   |                              |    | \$                     | \$          |  |
| Multiply Subtotal by:   | X 52                                   |      | X 24 |                             | X 20 | 6                            |    | X 12                   |             |  |
| Total Income by Frequency   |  | \$   |      | \$                          |      |                              | \$ | \$                     | \$          |  |
|   | Total<br>Househ<br>Income<br>of all co | (sum | \$   |                             |      |                              |    |                        |             |  |
| Indicate Benefit Type: (CalFresh,                                   |  | ,    | •    |                             |      |                              |    |                        |             |  |
| CalWORKs, Kin-GAP, FDPIR):  Benefit Case Number:                    |  |      |      |                             |      |                              |    |                        |             |  |
| PART IV: Signature  |  |      |      |                             |      |                              |    |                        |             |  |

| PART IV: Signature  |            |  |  |  |  |  |
|---|------------|--|--|--|--|--|
| I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review. |            |  |  |  |  |  |
| Signature of Adult Household Member<br>Completing this Form   | Date       | Printed Name of Adult Household Member<br>Completing this Form |  |  |  |  |
| Parent Phone Number:  | _ Parent E | mail:  |  |  |  |  |

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

## Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a prorated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: Include the amount each person living in your household receives from these sources.
- All Other Income: Include worker's compensation, unemployment or strike benefits, regular
  contributions from people who do not live in your household, and any other income received. Do not
  include income from CalFresh, WIC, federal education benefits and foster payments received by your
  household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- Overtime Pay: Include overtime pay ONLY if you receive it on a regular basis.

## How do I report household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources
  of income than columns provided, report all additional income in the appropriate column.
- Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <a href="http://www.fns.usda.gov/cnd/quidance/default.htm">http://www.fns.usda.gov/cnd/quidance/default.htm</a>.