

2025-2026 Income Qualification Worksheet									
All Household Members List the First and Last Names of ALL Household members including the child applying as well as any other adults and children living in the household	Relationship to Child	Source of Income <i>Examples:</i> Disability, Unemployment, Child Support, Employer Name, Social Security, etc	Frequency Weekly (W) Bi-Weekly (B) Twice/Month (T) Monthly (M) Annually (A)	Gross Pay Amount(s) Write each gross pay amount listed on provided income documents (For example, write 4 pay amounts below if paid weekly)		Average Gross Pay (Add all <i>Gross Pay Amounts</i> and divide by the # of gross pays listed)	Pays/Year (W) = 52 (B) = 26 (T) = 24 (M) = 12 (A) = 1 Other Amount	Total Annual Income Per Source (The Average Gross Pay multiplied by # of Pays Per Year)	
1.				1.	3.				
				2.	4.				
2.				1.	3.				
				2.	4.				
3.				1.	3.				
				2.	4.				
4.				1.	3.				
				2.	4.				
5.				1.	3.				
				2.	4.				
6.				1.	3.				
				2.	4.				
7.				1.	3.				
				2.	4.				
8.				1.	3.				
				2.	4.				
<div>Check here if you need additional space to document all household income & members. Continue on second form.</div>		<div></div> <div>Total # of Household Members: _____</div>				Total Annual Household Income (Total of all income sources)		Federal Poverty Level	
SIGNATURE: I certify that all the above information is true and that all income is reported. I understand that this information is being given for the school's receipt of state funds; that school officials may verify the information. Falsification of any information submitted may be cause for rejection of this application or removal from the program after placement.						Household Size - 185%		Household Size - 300%	
						(1) \$28,953	(8) \$100,178	(1) \$46,950	(8) \$162,450
Signature, Adult in Household _____ Date ____ / ____ / ____						(2) \$39,128	(9) \$110,353	(2) \$63,450	(9) \$178,950
						(3) \$49,303	(10) \$120,528	(3) \$79,950	(10) \$195,450
						(4) \$59,478	(11) \$130,703	(4) \$96,450	(11) \$211,950
Official Reviewing of Documentation _____						(5) \$69,653	(12) \$140,878	(5) \$112,950	(12) \$228,450
						(6) \$79,828	(13) \$151,053	(6) \$129,450	(13) \$244,950
						(7) \$90,003	(14) \$161,228	(7) \$145,950	(14) \$261,450
Signature of Provider _____ Date ____ / ____ / ____									