

2023-2024 Income Qualification Worksheet

All Household Members <small>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</small>	Relationship to Child	Source of Income <small>Examples: Disability, Unemployment, Child Support, Employer Name, Social Security, etc</small>	Frequency <small>Weekly (W) Bi-Weekly (B) Twice/Month (T) Monthly (M) Annually (A)</small>	Gross Pay Amount(s) <small>Write each gross pay amount listed on provided income documents</small> <small>(For example, write 4 pay amounts below if paid weekly)</small>	Average Gross Pay <small>(Add all Gross Pay Amounts and divide by the # of gross pays listed)</small>	Pays/Year <small>(W) = 52 (B) = 26 (T) = 24 (M) = 12 (A) = 1 Other Amount</small>	Total Annual Income Per Source <small>(The Average Gross Pay multiplied by # of Pays Per Year)</small>	
1.				1. _____ 2. _____	3. _____ 4. _____			
2.				1. _____ 2. _____	3. _____ 4. _____			
3.				1. _____ 2. _____	3. _____ 4. _____			
4.				1. _____ 2. _____	3. _____ 4. _____			
5.				1. _____ 2. _____	3. _____ 4. _____			
6.				1. _____ 2. _____	3. _____ 4. _____			
7.				1. _____ 2. _____	3. _____ 4. _____			
8.				1. _____ 2. _____	3. _____ 4. _____			
Check here if you need additional space to document all household income & members. Continue on second form. <div style="border: 2px solid black; width: 30px; height: 30px; display: inline-block; margin-left: 10px;"></div>		Total # of Household Members: _____			Total Annual Household Income <small>(Total of all income sources)</small>		Federal Poverty Level <small>(Round up to the nearest 10%)</small>	
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%	
Signature, Adult in Household _____ Date ____/____/____					(1) \$26,973 (8) \$93,536		(1) \$43,740 (8) \$151,680	
Official Reviewing of Documentation					(2) \$36,482 (9) \$103,045		(2) \$59,160 (9) \$167,100	
Signature of Provider _____ Date ____/____/____					(3) \$45,991 (10) \$112,554		(3) \$74,580 (10) \$182,520	
					(4) \$55,500 (11) \$122,063		(4) \$90,000 (11) \$197,940	
					(5) \$65,009 (12) \$131,572		(5) \$105,420 (12) \$213,360	
					(6) \$74,518 (13) \$141,081		(6) \$120,840 (13) \$228,780	
					(7) \$84,027 (14) \$150,590		(7) \$136,260 (14) \$244,200	