# 2018-2019 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

## STEP 1
List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>Grade</th>
<th>Student?</th>
<th>Foster Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Definition of Household Member:** Anyone who is living with you and shares income and expenses, even if not related.

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

## STEP 2
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Write only one case number.

If NO  > Go to STEP 3.  
If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3).

**Case Number:**

## STEP 3
Report income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

### A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Child income</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (swearing) that there is no income to report.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
<th>Public Assistance</th>
<th>How often?</th>
<th>Pension/Retirement</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
<td>2x Weekly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Household Members (Children and Adults)**

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

**Check if no SSN**

## STEP 4
Contact information and adult signature. Mail Completed Form To: 100 Peabody St. NW Washington, DC 20001.

"I certify (swear) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

**Street Address (if available):**

**Apt #:**

**City:**

**State:**

**Zip:**

**Daytime Phone and Email (optional):**

**Printed name of adult signing the form:**

**Signature of adult:**

**Today’s date:**
### Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>$50,000</td>
</tr>
<tr>
<td>Housing Cost</td>
<td>$1,000</td>
</tr>
<tr>
<td>Total Deduction</td>
<td>$1,500</td>
</tr>
<tr>
<td>Net Income</td>
<td>$46,500</td>
</tr>
</tbody>
</table>

---

### Income Sources

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>Salary from employment</td>
</tr>
<tr>
<td>Benefits</td>
<td>Health, dental, and retirement benefits</td>
</tr>
<tr>
<td>Social Security</td>
<td>Paid by the government</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>Paid by employers</td>
</tr>
<tr>
<td>Social Services</td>
<td>Government assistance</td>
</tr>
<tr>
<td>Other</td>
<td>Self-employment income</td>
</tr>
</tbody>
</table>

---

### Optional

- **Children's Age and Ethnicity:**
  - Age: 5 years
  - Ethnicity: Hispanic

- **Income from Children:**
  - Payments from child support: $500/month
  - Other income: $200/month

---

### Annual Income Calculation

- **Weekly Income:** $2,500
- **Monthly Income:** $10,000

---

### Additional Information

- **Housing Assistance:** Rent补助: $500/month
- **Medical Expenses:** $1,000/year
- **Vacation:** $500/year

---

### Notes

- **Income Verification:**
  - Paystubs
  - 1099 forms
  - Bank statements