## 2015-2016 Alternate Household Income Form

Your school is a Community Eligible school, which means <u>all</u> students qualify for free meals. However, to determine eligibility to receive <u>additional</u> benefits beyond free meals for your child(ren) and school, please complete a household income form. Return form to: Milwaukee College Prep.

- **1. Select the total number of people in your household.** Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
- **2. Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people	2.	Select the appropriate range of o	combined annual income for all people in the		
in household		household (Include all income sources listed above, before taxes.)			
<b>1</b> 1	<b></b>	\$0 - \$21,775	☐ At or Above \$21,776		
□ 2 <u> </u>	<b></b>	\$0 - \$29,471	☐ At or Above \$29,472		
<b>3</b> —	ightharpoons	\$0 - \$37,167	☐ At or Above \$37,168		
<b>4</b> —	<b>├</b>	\$0 - \$44,863	☐ At or Above \$44,864		
□ 5 —	<b></b>	\$0 - \$52,559	☐ At or Above \$52,560		
□ 6 <del></del>	<b></b>	\$0 - \$60,255	☐ At or Above \$60,256		
<b>1</b> 7 —		\$0 - \$67,951	☐ At or Above \$67,952		
□ 8 —	<b></b>	\$0 - \$75,647	☐ At or Above \$75,648		
<b>9</b> —	ightharpoons	·	☐ At or Above \$83,344		
<b>1</b> 0 —	<b></b>	· 🔲 \$0 - \$91,039	☐ At or Above \$91,040		
<b>1</b> 11 —	$\rightarrow$	· 🔲 \$0 - \$98,735	☐ At or Above \$98,736		
□ 12 <del></del>	<b></b>	\$0 - \$106,431	☐ At or Above \$106,432		
If household size is more	e thai	n 12, list the household size and to	tal annual income below.		
☐ Size:		ncome:			

**List all students in the household.** If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

Street Address (if available), Apt #  ( ) Daytime Phone Email (optional)  CHECKLIST	Today's D	ate State	Zip Code
Daytime Phone Email (optional)	City	State	Zip Code
(optional)			
☐ Have you included all your children as househol ☐ Are <u>both</u> the household size and total househol		e boxes chec	:ked?
☐ Have you signed the form?			
DO NOT FILL OUT THIS PART. TH	HIS IS FOR SCH	OOL USE ONI	LY.
Economic Status: Economically Disadvantaged (free/reduced) Non-Economically Disadvantaged (paid)			
I have reviewed the above and have concluded that it is properly	and completely f	illed out to the	best of my knowledge.
Signature (of school or district staff):			
Print Name:			