

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)

Signature

Today's Date

Street Address (if available), Apt #

City

State

Zip Code

(_____)

Daytime Phone

(optional)

Email

CHECKLIST

- Have you included all your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (free/reduced) _____

Non-Economically Disadvantaged (paid) _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.