



**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 of 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.