

Pharr – San Juan – Alamo ISD Income Survey Form

Part 1. Children in School (Use a separate application for each foster child.)				
Student ID or DOB	Student Name	School	Grade	Food Stamp TANF #

If you listed a Food Stamp/TANF case # for one child, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box and list the amount of the child's personal use monthly income: \$_____. Skip to Part 4.

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

Name	Income: Weekly(W), Every 2 Weeks(E), Twice a Month (T), Monthly(M)				NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Example: Smith, Jane B.	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X _____ Date: _____ Social Security Number: _____ No SSN

Home Phone: _____ Work Phone: _____

Mailing Address: _____ City/State/Zip: _____

School Use Only – Do Not Write Below This Line

Monthly Income Conversion: Weekly x 4.33 Every 2 Weeks x 2.15 Twice A Month x 2

Monthly Income: _____ Household Size: _____ Food Stamp/TANF _____ Foster Child _____

Eligibility(Circle One): 00 – Not Eligible 99 – Economically Disadvantaged

Reason For Denial(Circle One): Income Too High Incomplete Form Other _____

Confirming Official's Signature: _____ Date: _____

Para-Professional's Signature: _____ Date: _____