2024-25 FAMILY INCOME SURVEY

Dear Parent/Guardian:

Schools receive certain federal and state funding (learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child's school a way to collect household income information. This information makes sure your child's school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to your child's school.

Part 1. Eligibility: Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box.

INCOME CHART

		How Often Payment is Received						
CHECK BOX THAT APPLIES	HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONT H	EVERY TWO WEEKS	WEEKLY		
	1	\$27,861	\$2,322	\$1,161	\$1,072	\$536		
	2	\$37,814	\$3,152	\$1,576	\$1,455	\$728		
	3	\$47,767	\$3,981	\$1,991	\$1,838	\$919		
	4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110		
	5	\$67,673	\$5,640	\$2 <i>,</i> 820	\$2,603	\$1,302		
	6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493		
	7	\$87,579	\$7,299	\$3 <i>,</i> 650	\$3,369	\$1,685		
	8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876		
	Each Additional Member Add	+ \$9,953	+\$830	+\$415	+\$383	+\$192		
	Household Doe	s Not Quali	fy					

Effective from July 1, 2024 through June 30, 2025

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child in the total size.

HOUSEHOLD INCOME is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.

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Part 2. STUDENTS: Please fill in the following information for all children living with you that are attending school.

Student's Last Name	Students First Name	МІ	Date of Birth	School	Grade

Part 3: Signature: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand if I purposely give false information that I may be prosecuted. I understand my child's poverty status may be shared with programs/agencies as allowed by law.

Signature:		Print Name:		
Date:	Phone:			
Address:		City:	_State:	_Zip:

Shamokin Area School District provides equal access to all programs and serves without discrimination based on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.