**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Income Determination Form**

Family Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age or grade levels of children living in your household and attending [insert name of private school]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Locate your household size and the minimum allowable income earned each month. If your monthly income is equal to or less than this amount, please check here\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Family size** | **Income earned each month\*** |
| 1 | $1,670 |
| 2 | $2,247 |
| 3 | $2,823 |
| 4 | $3,400 |
| 5 | $3,976 |
| 6 | $4,553 |
| 7 | $5,130 |
| 8 | $5,706 |
| For each additional family member, add $666 |  |

\*The income guidelines should be updated each year based on information found at: [www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm](http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm).

1. Is your family qualified for Supplemental Nutrition Assistance Program (SNAP)?

\_\_\_\_\_Yes \_\_\_\_\_No

1. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance?

\_\_\_\_\_Yes \_\_\_\_\_No

Please return this form to: