2017-18 Household Information Survey

Your school participates in Community Eligibility Provision (CEP), which offers breakfast and lunch to <u>all</u> students at no cost regardless of the completion of this form. However, to determine your school's eligibility for grant funding please complete this Household Information Survey and return it to the school. These funds support your school's supplemental intervention programs.

- 1. Select the total number of people in your household. Be sure to include <u>all</u> children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- Select the box that represents the annual household income. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or <u>all</u> other income. The amount should be <u>before</u> any deductions for taxes, insurance, medical expenses, child support, etc.

1	Select your household size and check the corresponding box for your total annual household income. Do not check an income in all ranges.			
Total # of people in	Total Annual Household Income Ranges			
household	Range 1	Range 2	Range 3	
□ 1 🔿	□ \$0 - \$15,678	🗖 \$15,679 - \$22,311	□ \$22,312 +	
□ 2 🔿	🖵 \$0 - \$21,112	🖵 \$21,113 - \$30,044	□ \$30,045 +	
□ 3 🔿	🖵 \$0 - \$26,546	🖵 \$26,547 - \$37,777	□ \$37,778 +	
□ 4 🔿	🖵 \$0 - \$31,980	🖵 \$31,981 - \$45,510	□ \$45,511 +	
□ 5 📦	🖵 \$0 - \$37,414	🖵 \$37,415 - \$53,243	□ \$53,244 +	
□ 6 🔿	🖵 \$0 - \$42,848	🖵 \$42,849 - \$60,976	□ \$60,977 +	
□ 7 🔿	🖵 \$0 - \$48,282	🖵 \$48,283 - \$68,709	□ \$68,710 +	
□ 8 🛋	🖵 \$0 - \$53,716	🖵 \$53,717 - \$76,442	□ \$76,443 +	
9 🖬	🖵 \$0 - \$59,150	🖵 \$59,151 - \$84,175	□ \$84,176 +	
🖵 10 🗭	🖵 \$0 - \$64,584	🖵 \$64,585 - \$91,908	□ \$91,909 +	
□ 11 <b>→</b>	🖵 \$0 - \$70,018	<b>□</b> \$70,019 - \$99,641	□ \$99,642 +	
🗖 12 🔿	🖵 \$0 - \$75,452	🖵 \$75,453 - \$107,374	□ \$107,375 +	
If household size is greater than 12, list the household size and total annual income below.				
Gize:	🖵 Income:			

## Winterfield Venture Academy students in the household:

First Name	Last Name	Grade Level	Identify H if Homeless M if Migrant R if Runaway F if Foster	
If any child listed above is homeless, contact Stephanie Pettaway at (419) 531-3285				

I certify that the total income for the household reported is accurate:

Signature

Date

**Phone Number** 

**Print Name** 

Once completed, please return form to Winterfield Venture Academy