Buffalo United Charter School (48)
325 Manhattan Ave.
Buffalo,NY 14214-1809
Phone: (877) 642-6325
Email: Lunch@nhaschools.com

2023-2024 Household Information Survey

Your school participates in Community Eligibility Provision (CEP), which offers free breakfast and lunch to all students. Please complete this Household Information Survey and return it to the school to determine your school's eligibility for grant funding. These funds support your school's supplemental intervention programs.

1. **Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
2. **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 all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

① Total # of people in household	② Select your household size and check the corresponding box for your total annual household income. **Do not check an income in all ranges.**		
	Total Annual Household Income Ranges		
	Range 1	**Range 2**	**Range 3**
❑ 1 ➡	❑ $0 - $17,667	❑ $17,668 - $25,142	❑ $25,143 +
❑ 2 ➡	❑ $0 - $23,803	❑ $23,804 - $33,874	❑ $33,875 +
❑ 3 ➡	❑ $0 - $29,939	❑ $29,940 - $42,606	❑ $42,607 +
❑ 4 ➡	❑ $0 - $36,075	❑ $36,076 - $51,338	❑ $51,339 +
❑ 5 ➡	❑ $0 - $42,211	❑ $42,212 - $60,070	❑ $60,071 +
❑ 6 ➡	❑ $0 - $48,347	❑ $48,348 - $68,802	❑ $68,803 +
❑ 7 ➡	❑ $0 - $54,483	$54,484 - $77,534	❑ $77,535 +
❑ 8 ➡	❑ $0 - $60,619	❑ $60,620 - $86,266	❑ $86,267 +
❑ 9 ➡	❑ $0 - $66,755	❑ $66,756 - $94,998	❑ $94,999 +
❑ 10 ➡	❑ $0 - $72,891	❑ $72,892 - $103,730	❑ $103,731 +
❑ 11 ➡	❑ $0 - $79,027	❑ $79,028 - $112,462	❑ $112,463 +
❑ 12 ➡	❑ $0 - $85,163	❑ $85,164 - $121,194	❑ $121,195 +
If household size is greater than 12, list the household size and total annual income below.			
❑ Size: _____	❑ Income:		

Buffalo United Charter School 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 Susie Strangis at (716)835-9862			

_____ _____ _____

Signature **Date** **Phone Number**

_____

Print Name

Once completed, please return form to Buffalo United Charter School