**<Delete This Text and Print on District Letterhead>**

**2021-2022 Household Economic Survey**

*PRIVACY ACT STATEMENT: This explains how we will use the information you give us. Various federal programs require the information on this form. You do not have to give the information, but if you do not, the listed above LEAs may not be eligible for amounts of federal funding calculated using the data. This form uses your eligibility information to help your LEA determine benefits for their Federal and some other programs. All information is highly confidential and must be handled accordingly by all program officers.*

**For your school to receive specific state and federal benefits and funding, you must fill out this form.**

There are \_\_\_\_\_\_\_\_\_\_ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc., is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | **School** | **Grade** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[ ]  Additional students are listed on the back of this page.

***I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.***

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

Signature of Parent or Guardian Date Phone