

Section 2 Names of **all other** people living in this household and their income

Name Income, and how often it is received
 (W-Weekly) (E-Every 2 Weeks) (T-Twice a Month) (M-Monthly)

	Earnings from work Before deduction	How often?	All other income	How often?
1				
2				
3				
4				
5				
6				

I certify that all information on this application is true and that all income is reported. I understand that if I purposely give false information, my children may lose meal benefits.

Sign here: _____ Date: _____

Printed name: _____ Work Phone: _____

Mailing Address: _____

Please apply if your income is at or below the following levels:

Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160

For each additional family member add:
 +\$7,696 +\$642 +\$321 +\$296 +\$148