

Income Verification Section

Statement of Income for HCSD TPK / UPK Program:

I am the parent or legal guardian of _____, for whom the application is being made.
 Name of the child on the TPK/UPK registration form

Signature of Parent / Legal Guardian: _____ Print Name: _____

Address: _____ Phone Number: _____

Part 1 – Family Members In Household - Please list all members of your family that reside in your household. Answer all questions - use the codes listed below for Ethnicity, Language, Education Level, Employment and Education questions.

Name	Age	Sex – M or F	Date of Birth	Relationship to Child	Are you of Hispanic, Latino or Spanish Origin? Yes or No	Ethnicity	Language	Education Level	Employment	School
Ethnicity: AI – American Indian or Alaskan Native A – Asian NH/PI – Native Hawaiian or Pacific Islander B/AA – Black or African American W - White		Languages: E – English S – Spanish B – Bengali HC – Hatian Creole A – Arabic O – Other – please name		Education Level: A – Pre-school/Pre-K to 8 th grade B – 9 th grade to 12 th grade C – High School Graduate D – GED E – Non Graduate F – Some College G – College Graduate (2-4 year)		Employment: FT – Full Time PT – Part Time / Less than 35 Hrs S – Seasonal U – Unemployed D - Disabled		School: A – JLE B – MCS C – Jr/Sr HS D – College- please name O – Please name		

Part 2 – Household Income Proof of Income includes all income received in the last twelve months.

Name of Household Member	Date	Source of Income (see codes below)	Amount	Annual Amount	No Income
	___/___/___ to ___/___/___		\$_____ Every _____	\$_____	<input type="checkbox"/>
	___/___/___ to ___/___/___		\$_____ Every _____	\$_____	<input type="checkbox"/>
	___/___/___ to ___/___/___		\$_____ Every _____	\$_____	<input type="checkbox"/>

Source of Income Codes

Employment Verification Codes:
 PS – Pay Stub
 SSI – Supplemental Security Income
 WC – Worker Compensation
 EL – Employment Letter
 CS – Child Support
 A – Alimony
 TANF – Temp. financial Assistance Program
 FC – Foster Care
 W2 – W-2 Form
 IT – Income Tax Form
 O – Please list

I certify that all of the information on this form is true and that I have disclosed all family income for the time period stated.

Signature: _____ Print Name: _____ Date: _____

2015- 2016 Income Guidelines

Size of Family Unit	Income
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,590
7	\$36,730
8	\$40,890

For each additional person add \$4,160

INCOME ELIGIBILITY GUIDELINES

[Effective from July 1, 2015 to June 30, 2016]

Household size

Federal

poverty

guidelines

Reduced price meals—185% Free meals—130%

Annual

Annual Monthly Twice per

month

Every

two

weeks

Weekly Annual Monthly

Twice

per

month

Every

two

weeks

Weekly

48 Contiguous States, District of Columbia, Guam and Territories

**1 11,770 21,775 1,815 908 838 419 15,301 1,276 638
589 295**

**2 15,930 29,471 2,456 1,228 1,134 567 20,709 1,726 863
797 399**

**3 20,090 37,167 3,098 1,549 1,430 715 26,117 2,177
1,089 1,005 503**

**4 24,250 44,863 3,739 1,870 1,726 863 31,525 2,628
1,314 1,213 607**

**5 28,410 52,559 4,380 2,190 2,022 1,011 36,933 3,078
1,539 1,421 711**

**6 32,570 60,255 5,022 2,511 2,318 1,159 42,341 3,529
1,765 1,629 815**

**7 36,730 67,951 5,663 2,832 2,614 1,307 47,749 3,980
1,990 1,837 919**

**8 40,890 75,647 6,304 3,152 2,910 1,455 53,157 4,430
2,215 2,045 1,023**

For each additional family member add 4,160 7,696 642 321 296 148 5,408 451 226 208 104