

Household Information Survey

Hamilton County Schools				
School Name:				
Parent Name:				
Street Address:				
City:	Sta	ate:	Zip:	
Student's Legal Name (As on Birth Certificate)	Date of Student ID Birth Grade			
1.				
2.				
3.				
4.				
5.				
6				
7.				
8.				
Please check the box to the right o	f your Househo	old Size to ind	icate your Annual Gross Ir	ncome:
Household Size Annual Gross Income				
Household Size is 2 check the box to the right to			Below \$29,101 or	Above \$29,101
indicate whether your income is			σοιστι φουμου στ	7.0010 4-0,-0-
Household Size is <u>3</u> check the box to the right to indicate whether your income is			Below \$36,612 or	Above \$36,612
Household Size is 4 check the box to the right to			Below \$44,123 or	Above \$44,123
indicate whether your income is Household Size is 5 check the box to the right to			Polow 651 264 or	Above \$51,364
indicate whether your income is			Below \$51,364 or	Above \$51,364
Household Size is <u>6</u> check the box to the right to indicate whether your income is			Below \$59,145 or	Above \$59,145
Household Size is 7 check the box to the right to			Below \$66,656 or	Above \$66,656
indicate whether your income is Household Size is 8 check the box to the right to				
indicate whether your income is			Below \$74,167 or	Above \$74,167
Household Size is <u>9</u> check the box to the right to indicate whether your income is			Below \$81,678 or	Above \$81,678
Household Size is <u>10</u> check the box to the right to indicate whether your income is			Below \$89,189 or	Above \$89,189
Household Size is 11 check the box to the right to			Below \$96,700 or	Above \$96,700
indicate whether your income is				
Household Size is 12 check the box to the right to			Below \$104,211 or \$104,211	Above
indicate whether your income is			7104,211	
Signature: An adult household member must sign the application. I certify (promise) that all information on this application is true and that all income is reported. I understand				
the school will receive federal funding and state funding based on the information provided.				
Sign here: Date:				