

# Charter Schools

## Buffalo City School District

### 2020-2021 Household Income Information Survey

Complete one survey per household. Please use a pen (not a pencil).

#### STEP 1 — All Children in the Household

| Student ID (optional) | Last Name            | First Name           | MI                   | Grade (Optional)     | Foster                   | Homeless                 | Migrant                  | Runaway                  | Head Start               |
|-----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                       |                      |                      |                      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Note: Since Buffalo City School District participates in the Community Eligibility Provision (CEP) all students will receive no cost meals regardless of the completion of this survey.

#### STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number then skip to STEP 4.

Case Number:

#### STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Household Member Name<br>(First and Last) | Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly |                      |                      |                      |                      |  |                      |                      |                      |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|   | Earnings from Work   | How Often?           |                      |                      |                      | Public Assistance /<br>Child Support / Alimony | How Often?           |                      |                      |                      | Pensions / Retirement /<br>All Other Income | How Often?           |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|   |  | W                    | E                    | T                    | M                    |  | W                    | E                    | T                    | M                    |   | W                    | E                    | T                    | M                    |                      |                      |                      |                      |                      |                      |                      |
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Total Household Size  
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Another Adult Household Member \*\*\* - \*\* -

Check if no SSN

#### STEP 4 — Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

#### OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino  
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  White

