



Household Income Survey 2014-2015¹

Use this form to confirm Eligibility. This form is similar to the Dept. of Ed. Survey for CEP. Fill out and have school official sign for DE Subsidy use.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

| Household Size (Circle One) | Est. Annual Income (As Reported to IRS) | Monthly Income | If Paid Two times per mo. | If Paid Every Two Weeks | Weekly Income |
|----------------------------------|--|-------------------|---------------------------------|----------------------------|------------------|
| 1 | \$ 21,590 | \$ 1,800 | \$ 900 | \$ 831 | \$ 416 |
| 2 | 29,101 | 2,426 | 1,213 | 1,120 | 560 |
| 3 | 36,612 | 3,051 | 1,526 | 1,409 | 705 |
| 4 | 44,123 | 3,677 | 1,839 | 1,698 | 849 |
| 5 | 51,634 | 4,303 | 2,152 | 1,986 | 993 |
| 6 | 59,145 | 4,929 | 2,465 | 2,275 | 1,138 |
| 7 | 66,656 | 5,555 | 2,778 | 2,564 | 1,282 |
| 8 | 74,167 | 6,181 | 3,091 | 2,853 | 1,427 |
| Each add'l family member add: | 7,511 | 626 | 313 | 289 | 145 |

Is your income equal to or less than any of the amounts listed next to the number you circled?

Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)?

Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps?

Yes _____ No _____

Does your family qualify for medical assistance under Medicaid?

Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)?

Yes _____ No _____

Does your family receive housing assistance (section 8)?

Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)?

Yes _____ No _____

2. Please list all students in your household that are registering for Driver Education.

(For this version, you do not need to list younger siblings)

| Name | Grade | School |
|------|-------|--------|
| | | |
| | | |
| | | |
| | | |

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____ (Parent/Guardian)

Signed: _____ Date: _____ (School Official)

¹Income Eligibility Guidelines for Reduced Priced Meals. July 1, 2014-June 30, 2015 (Federal Register/ Vol. 79, No. 43/ Wednesday, March 5, 2014/ Notices, pg. 12467)