



# HOME E-RATE SURVEY

## 2021-22

Please return this form by **May 14, 2021**.

Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Circle your household size below, then answer the following questions according to your income payment schedule. **All information is confidential and will remain at school.**

Household size (check one)	Annual income	Monthly income	Paid twice a month	Paid every two weeks	Weekly income
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
Each add'l family member, add:	\$8,339	\$700	\$350	\$324	\$162

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 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 Temporary Assistance for Needy Families (TANF)?  Yes  No

Does your family receive housing assistance (section 8)?  Yes  No

Does your family receive home energy assistance (LIHEAP)?  Yes  No

Please list all students in your household that attend school. Enter the grade they will be entering in Fall 2019. Write on back to list more than 4 students.

Name	Grade	Neighborhood public school

By signing below, I certify that the above information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_