



E-RATE SURVEY

2022-23

Please return this form with your application.

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 (circle one)	Annual income	Monthly income	Paid twice a month	Paid every two weeks	Weekly income
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
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 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 _____