**<Delete This Text and Print on District Letterhead>**

**2024-2025 Household Economic Survey**

 Do not complete this form if you are Directly Certified to receive free meals or if you

 have filled out a Child Nutrition Program Meal Benefits Application.

**For your school to receive specific state and federal benefits and funding, you must fill out this form.**

There are \_\_\_\_\_\_\_\_\_\_ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per year.

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| --- | --- | --- | --- |
| **Student Name** | **School** | **Grade** | **Date of Birth** |
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[ ]  Additional students are listed on the back of this page.

***I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date Phone

For School Use Only: [ ]  Free [ ]  Reduced [ ]  Not Eligible