

**Nonprofit Private School Eligibility Application
Federal List of Low Income Schools for Purposes of
Federal Teacher Loan Forgiveness**

School Year: _____ (Example: 2011-12)
 Grade Range: _____
 School Name: _____
 Address: _____
 City _____ State _____ ZIP _____
 County: _____ Phone: _____
 Contact Person: _____
 Florida Department of Education School ID Number: _____
 Public School District Name _____
 Where School is Located: _____

Does the school participate in the National School Lunch Program (NSLP) administered by the Florida Department of Agriculture, Office of Food and Nutrition? Yes ____ No ____

NSLP sponsor agreement number: _____

DO NOT INCLUDE PREKINDERGARTEN STUDENTS IN EITHER COUNT BELOW.

Number of Low-Income Students as of October 1 st of the school year *	(divided by)	Total K-12 students in the school	(equals)	Percent of Low Income Students (more than 35% needed to qualify)
_____	÷	_____	=	_____

* Low income determination can be verified through a current NSLP Claim Summary, Florida Tax Credit (FTC) verification of scholarship student membership, Confidential Family Income Surveys or a combination of two or more methods.

I certify that both the school and student eligibility information included in this application for the _____ school year is true. If at any point the school's status changes, I will report this information to the Department of Education, Office of Independent Education and Parental Choice.

 School Administrator (Printed Name) _____
Date

 School Administrator Signature

STATE OF FLORIDA
 COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 __,
 by _____ (name of person acknowledging).

Personally Known Or Produced Identification Identification Produced _____

NOTARY SEAL

 (SIGNATURE OF NOTARY)

 (PRINTED NAME OF NOTARY)

2012-2013 CONFIDENTIAL FAMILY INCOME SURVEY

**FTC Scholarship families are exempt from this survey.*

NOTICE:

See **Application Instructions** on back of form

1 HOUSEHOLD INFORMATION Print name of person completing this application (Last name, First name)

Name <u>Print</u> _____ _____ Mailing Address – Apt # _____ _____ City State Zip _____	Home Phone or Cell Phone (Circle One) _____ Work Phone _____ → Number living in this household _____ (Write names of all household members on parts 2 and/or 4 of this form)
---	---

Does this household receive FDPIR (Food Distribution on Indian Reservations) Yes (Complete parts 2 and 5)

2 STUDENT INFORMATION

Child's Name (Last name, First name)	School	Grade	Birth Date	List SNAP* or TANF case # for each child, if receiving public benefits
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3 FOSTER CHILD INFORMATION (COMPLETE A SEPARATE FORM FOR EACH FOSTER CHILD) Child's Monthly Personal Use Income

Child's Name (Last name, First name)	School	Grade	Birth date	Child's Monthly Personal Use Income
_____	_____	_____	_____	_____

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 List all household members, including children not attending school, and income. Do not include students listed in section 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE

I certify (promise) that all of the information on this application is true (correct) and that all income is reported.

Signature of Adult Household Member _____ Date Signed _____
 X _____ Month/day/year _____

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____
 Low Income Above Scale

Determining Official's Signature : _____ Date _____

SEE IMPORTANT INFORMATION ON REVERSE SIDE

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2 and 5.
- If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4 and 5.
- If you are applying for a **FOSTER CHILD**, complete parts 1, 3, and 5.

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

2012-2013 FEDERAL INCOME GUIDELINES
Effective July 1, 2012 to June 30, 2013

Reduced Prices Meals					
Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
-1-	20,665	1,723	862	795	398
-2-	27,991	2,333	1,167	1,077	539
-3-	35,317	2,944	1,472	1,359	680
-4-	42,643	3,554	1,777	1,641	821
-5-	49,969	4,165	2,083	1,922	961
-6-	57,295	4,775	2,388	2,204	1,102
-7-	64,621	5,386	2,693	2,486	1,243
-8-	71,947	5,996	2,998	2,768	1,384
For each additional family member, add	7,326	611	306	282	141

Free Meals					
Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
-1-	14,521	1,211	606	559	280
-2-	19,669	1,640	820	757	379
-3-	24,817	2,069	1,035	955	478
-4-	29,965	2,498	1,249	1,153	577
-5-	35,113	2,927	1,464	1,351	676
-6-	40,261	3,356	1,678	1,549	775
-7-	45,409	3,785	1,893	1,747	874
-8-	50,557	4,214	2,107	1,945	973
For each additional family member, add	5,148	429	215	198	99