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2021-2022 Household Economic Survey

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

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.

Student Name	School	Grade	Date of Birth

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