

Town of Residence:

Scan this QR code for the electronic version of this form, or go to: education.vermont.gov/householdincome

Phone (optional):



2024-25 Housel	nold Income D	Data	Collection					Please return	this form to:
							a few minutes. It		
							our school access		
federal and state									
programming. Th									
form will be hand	ied in accorda	nce	with privacy requ	irements. Only	one form neede	ea per nousenoi	a.		
Section 1: Stude	ent Informatio	n - L	ist all students i	n the household.	Pre-Kindergarter	n through grade	12.		
First Name		МІ	Last Name		Date of Birth			School Name	
*If more spaces ar	e required for	addii	tional names, ple	ease add them to	the Section 1 ta	l ble continued on	reverse side of this for	rm.	
Saction 2: Accid	tanca Bragra	mo	If your bouggho	ld receives assis	tance from any o	of the following pr	rograma plagas shook	the engrapriete he	y holow
					•		rograms, please check	trie appropriate bo	x below.
□ 3SquaresVT <i>(</i> S	NAP)	Rea	ach Up <i>(TANF)</i>	it you seled	cted a Program, p	please skip to Se	ection 4.		
Section 3: Hous	ehold Income	Info	ormation - Pleas	e select vour ho	usehold size and	then the annron	riate income range for	that household size	
				•			ated, that live with you		
							ldren, from the followin		
							ome. The amount shou		
			nses, child suppo		, vi bonomo, an	a, o, an other mo	omo: mo amount onot	na bo bororo arry a	oddollorio roi
Household		1	•						
Size	□ 1		□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
Combined	□ \$27,861 o	r	□ \$37,814 or	□ \$47,767 or	□ \$57,720 o	r □ \$67,673	or 377,626 or	□ \$87,579 or	□ \$97,532 or
Annual	less		less	less	less	less	less	less	less
Income Range	☐ More than	1	☐ More than	☐ More than	□ More than			☐ More than	☐ More than
go	\$27,861		\$37,814	\$47,767	\$57,720	\$67,673	\$77,626	\$87,579	\$97,532
If your household	has 9 or more	e pec	ople, please ente	r your informatio	n here:	Household Size:	: Househo	old Income:	
Onetian to One t		0	0:						
Section 4: Conta				,, , , , , , , , , , , , , , , , , , , ,				11	
i certify (promise) that all inforn	natio	n on this applica	tion is true, to the	e best of my know	wiedge, and that	all income is reported.	<i>"</i>	
Name of adult co	mpleting this fo	orm:				Signature of ad	ult completing this forn	n:	

Email (optional):

First Name	MI	Last Name	Date of Birth	Grade Level	School Name

FOR SCHOOL USE ONLY

Instructions for School/District Staff:

• All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

Economic Status

Instructions: After reviewing the reverse side of this form, Select the appropriate option below for this submission.

- Household is AT or BELOW the 185% cutoff.
- ☐ Household is ABOVE the 185% cutoff.

Other Programs

Section 2 'Assistance Programs' selected

SCHOOL/DISTRICT STAFF

'I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.'

Signature:

Printed Name:

Date: