

Fee Assistance Application

FOR OFFICE USE ONLY:

MI-ME: _____
 Approved Denied Date: _____
 Letter Sent Date: _____
 Staff Initials: _____

HOUSEHOLD INFORMATION

1 Name (Main Contact Person): First _____ Last _____

Address: _____ Apt. #: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Name of each member of household	Birthdate	Grade in Fall/2021	Male/Female	Relationship to Main Contact Person
1. (Main Contact Person)				
2.				
3.				
4.				
5.				
6.				

If additional space is needed, please continue listing on the back of this form.

2 My child participates in a Free or Reduced Priced Lunch Program at school. YES NO

If yes, provide a copy of the eligibility letter from the school and skip to step 4.

If no, continue to step 3 and provide copies of documents.

3 INCOME INFORMATION

(Needed ONLY if child does NOT Receive Free or Reduced Lunches)

To demonstrate financial need, provide a copy of your federal tax return for the previous year and copies of the most recent **two months** of income for your household.

Income is based on gross pay.

The following are examples of income:

Employment; Federal, State and /or County support; Spouse and/or Child

	PER MONTH
Earned MONTHLY Income (Before taxes or deductions)	\$ _____
Federal, State, and/or County Support	\$ _____
Spouse and Child Support	\$ _____
Social Security/SSI	\$ _____
Interest, Dividends, & Estate or Trust	\$ _____
Pensions, Annuities & PERA	\$ _____
Disability or Workman's Compensation	\$ _____
Unemployment Compensation	\$ _____
All other income received by household	\$ _____
TOTAL MONTHLY INCOME	\$ _____

4 I certify that this information is true and correct.

SIGNATURE of Main Contact Person: _____ DATE: _____