



Income Verification

Year reported: _____

(as a supplement to the FAIR application for families without Tax Return Documents)

Total Income: _____ (do not leave blank)

Part 1 Parents Info:

Father's Name or Legal Guardian: _____				<input type="checkbox"/> Married	<input type="checkbox"/> Single
Address: _____					
City: _____	State: _____	Zip: _____	E-mail: _____		
Home Phone: _____		Work: _____	Cell: _____		
Mother's Name or Legal Guardian: _____				<input type="checkbox"/> Married	<input type="checkbox"/> Single
Address: _____					
City: _____	State: _____	Zip: _____	E-mail: _____		
Home Phone: _____		Work: _____	Cell: _____		

You must indicate the total number of members of your household: _____ (do not leave blank)

Part 2 Students Info: (List only students applying for tuition assistance)

Names (first and last)	School and Grade	SNAP, FDPIR, or TANF case #, skip to Part 5	Ethnicity
			<input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial
			<input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial
			<input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial
			<input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial

Part 3 Foster Child: (Use a separate application for each foster child)

If this application is for a child who is the responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Check if no income. Skip to Part 5

Part 4 Household Income: (how much and how often)

Person receiving:	From work: \$ xx,xxx.xx/yearly	Welfare, child, support, alimony:	Pension, retirement, Soc. Sec., SSI, VA	All other income:

Part 5 Signature & Date:

By signing below I certify that the above information is correct to the best of my knowledge.

Signature: _____

Date: _____