



**Income Verification  
Income Reported for 2018**

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

**Amount of 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 <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. <input type="checkbox"/> Check if no income. Skip to Part 5
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**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.	
<b>Signature:</b> _____	<b>Date:</b> _____