

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



### 2023-24 Household Income Data Collection

Help us provide the best education possible for your children. Filling out this form only takes a few minutes. It will help your community, your school and your property taxes. The information you give helps your school access federal and state education dollars. This funding supports reading, math, science, arts, PE, afterschool and other vital programming. The privacy of your household financial information is protected by law. Information collected through this form will be handled in accordance with privacy requirements. Only one form needed per household.

Section 1: Student Information - List all students in the household. Pre-Kindergarten through grade 12.

Please return this form to:

Lyndon Institute Attn: Business Office PO Box 127 Lyndon Center, VT 05850

First Na	me N	II Las	t Name	Date of Birth	Grade Level	School Name					
*If more spaces or	ro required for a	dditional namas	None add them to	the Section 1 to	ble continued on	ravaraa aida af thia far	m				
*If more spaces are required for additional names, please add them to the Section 1 table continued on reverse side of this form.											
Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below.											
□ 3SquaresVT (SNAP) □ Reach Up (TANF) If you selected a Program, please skip to Section 4.											
Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size.											
<ul> <li>Household size is the total number of people, including all children and adults, related and un-related, that live with you and share income and expenses.</li> </ul>											
<ul> <li>Combined annual income is the total amount of income of all household members, including children, from the following sources: Work, public assistance,</li> </ul>											
	child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for										
·	nce, medical ex	penses, child sup	port, etc.	1	•	•					
Household Size	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8			
Combined	□ \$26,973 or	□ \$36,482 or	□ \$45,991 or	□ \$55,500 o	r 🗆 \$65,009	or 🗆 \$74,518 or	□ \$84,027 or	□ \$93,536 or			
Annual	less	less	less	less	less	less	less	less			
Income Range	□ More than \$26,973	□ More than \$36,482	□ More than \$45,991	□ More than \$55,500	□ More tha \$65,009	n □ More than \$74,518	□ More than \$84,027	□ More than \$93,536			
If your household has 9 or more people, please enter your information here: Household Size: Household Income:											
Section 4: Conta				h = = 1 = 5 == - 1 == -	ula data a sad the st	-11 in a constant of the state of the	,				
	·		cation is true, to the	pest of my know		all income is reported."					
Name of adult co	mpleting this fo	m:			Signature of adu	ult completing this form	1:				
City: Email (optional):						Phone (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.

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**

**Economic Status** 

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: