

CRYSTAL CITY I.S.D. INCOME VERIFICATION FORM FOR ECONOMIC DISADVANTAGE STATUS

Pg. 1

2015-16 E.C. STATUS

PART 1. Children in School				
Names of all children in school(last, first, middle Initial)	Name of School	Student ID#, or Social Security #	Grade	Eligibility Group# for Food Stamps or TANF(if any)
1				
2				
3				
4				
5				
6				
7				
8				

PART 2. Household Members and Gross Income From last Month(List each person in household. For each person who				
1. Name. (list everyone in Household.)	2. Income and How often it is received. Weekly(W), Every 2 Weeks(E), Twice a Month (T), Monthly(M).			3. check if NO Income
	Earning from work before deductions	Welfare, Child Support, Alimony	Pension, SS, Retirement	Other
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Part 3. Signature and Social Security Number (Adult Must Sign)

An Adult household member must sign the form. If Part 2 is completed , the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" Box. (See Privacy Act Statement on the Instructions for Applying " page)

I Certify (Promise) that all information on this form is true and that all income is reported. I understand the the School will get federal funds based on the information I give. I undestand that school officials may verify(check)the information.

Sign here: _____ Date: _____

Social Security Number: _____ I do not have a Social Security

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Do not fill this part. For school use only.

Multiple income frequencies must be converted to annual amounts and combine to determine household income. If converting house hold income to annual amounts, round only the final number. Do not convert if the household provides only one income frequency.

Household Income: _____ Household Size: _____ FS/TANF: _____ Date Withdrawn: _____

Eligibility: Free: _____ Reduce: _____ Denied: _____ Reason: _____

Reviewing Official Signature: _____ Date: _____

Central Office Peims Clerk: _____ Date: _____

PART 1. Children in School - continuation sheet				
Names of all children in school(last, first, middle Initial)	Name of School	Student ID#, or Social Security #	Grade	Eligibility Group# for Food Stamps or TANF(if any)
1				
2				
3				
4				
5				
6				
7				
8				

PART 2. -continuation

Household Members and Gross Income From last Month(List each person in household. For each person who receives

1. Name. (list everyone in Household.)	2. Income and How often it is received. Weekly(W), Every 2 Weeks(E), Twice a Month (T), Monthly(M).			3. check if NO Income
	Earning from work before deductions	Welfare, Child Support, Alimony	Pension, SS, Retirement	Other
1				
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12				

PRIVACY ACT STATEMENT: this explains how we will use the information you give us.

The Crystal City Independent School District requires the information on this form for each student. This form will provide the ECONOMIC DISADVANTAGE status code for each student required for PEIMS that is reported to the state each fall and summer. We may share your eligibility information with Education, health, and nutrition programs to help them evaluate funds or determine benefits for their programs.