



Academy with Community Partners^{Inc.}

(IRN 012042)

HOUSEHOLD INFORMATION SURVEY

Academy with Community Partners Inc. (ACP) is a Title 1 school and to receive certain federal funding must show the income levels of its students and families. Please fill out this form so that we do not lose funding for our programs.

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2022 through June 30, 2023

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional member add	+8,732	728	364	336	168

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 7 or 10-digit Case Number: _____

INSTRUCTIONS: Complete this form and the information will be sent to ACP.

The following selections must be completed by the Head of Household or Designee:

- SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Check if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	
2. Monthly Welfare Payments, Child Support, Alimony	\$	
3. Monthly Payments from Pensions, Retirement, Social Security	\$	
4. Monthly Dividends or Interest on Savings	\$	
5. Monthly Worker’s Compensation, Unemployment, Strike Benefit	\$	
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	
Total Monthly Household Income (Add lines 1-6)	\$	

- SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the “I do not have a Social Security number” box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____

Date _____

Last Four (4) Digits of Social Security Number: XXX-XX- _____ I do not have a Social Security Number

Address	City	Zip Code
Home Phone	Work Phone	Email Address

By providing your email address, you may be contact via email by the district.

For Internal Office Use Only:	
Please circle one option.	
QUALIFIES	DOES NOT QUALIFY