Alternative Income Form (Complete ONE Application per Household)

SECTION A. CHILDREN INFORMATION

All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.

Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaskan Native, P=Native Hawaiian or other Pacific Islander

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R

Households submitting an application with a Benefit Case Number for CalFresh/CalWORKs for EACH child or an Adult household member, please skip to Section C and complete.

A Foster Child is under the legal responsibility of a foster care agency or court.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS:
Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, MUST Mark the "No Income box." DO NOT Leave Blank.

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form

Signature of adult household member completing this form

Date

Street Address, Apt #, etc.

City

State

Zip

Home Phone Number

Cell Phone Number

E-mail Address

DO NOT Write Below This Line-For School Use Only:

Determining Official's Signature & Date

Confirming Official's Signature & Date

Verification Official's Signature & Date

Application Status:

Approved based on:

Income

Denied based on:

Income Too High

Incomplete

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12