

**INCOME DISCLOSURE QUALIFICATION FOR LOW INCOME STATUS
SAN DIEGUITO UNION HIGH SCHOOL DISTRICT**

2009-10

710 Encinitas Boulevard
Encinitas, CA 92024
Telephone (760) 753-6491

To apply for free school bus transportation due to income status, you must return this disclosure completed and signed and attached to a bus pass application. Incomplete information may delay processing; incorrect information may result in loss of benefits and/or legal action.

I. HOUSEHOLD MEMBERS:

A. ADULT MEMBERS

NAME (Last, First)	SOCIAL SECURITY NUMBER
1.	
2.	
3.	
4.	

B. CHILDREN FOR WHOM APPLICATION IS MADE (List Name, School, Grade)

NAME (Last, First)	SCHOOL	GRADE
1.		
2.		
3.		
4.		

C. OTHER CHILDREN (List the names of all other children who live in your household)

1.	3.
2.	4.

II. INCOME:

Income is the money (not food stamps) received by all members of your economic family household. It includes salary or wages; earnings from self-employment, including farming; welfare and unemployment; child support and alimony; strike benefits; social security, pensions, retirement and disability payments; dividends, interest, rent, or other income from stocks, bonds, deposits, real estate, or other investments; and any other fiscal income received, deposited to your account, or withdrawn from any source that would be available for payment of transportation.

FAMILY SIZE**	MONTHLY GROSS INCOME	FAMILY SIZE**	MONTHLY GROSS INCOME
1	\$0-\$1,174	5	\$0-\$2,794
2	\$0-\$1,579	6	\$0-\$3,200
3	\$0-\$1,984	7	\$0-\$3,605
4	\$0-\$2,389	8	\$0-\$4,010

For each additional family member, add \$406.

**"Family" is defined as a group of related or non-related individuals who are living in one economic unit.

A. SOURCES OF INCOME:

List by source, the total monies received by all household members BEFORE DEDUCTIONS (Weekly incomes must be multiplied by 4.33, biweekly incomes must be multiplied by 2.15, annual incomes must be divided by 12.

SOURCE AND ADDRESS OF INCOME	EMPLOYER'S PHONE	MONTHLY INCOME
1.		
2.		
3.		
4.		

B. TOTAL MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS _____

C. TOTAL NUMBER OF MEMBERS IN HOUSEHOLD _____

III. SIGNATURE:

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application; that the social security numbers furnished on this application may be used to verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal statutes. Further, I certify that all adult household members have been informed that Social Security numbers may be utilized to verify income.

Signature of Parent or Guardian

Address

Name (PLEASE PRINT)

Date

Phone Number During Day

FOR OFFICE USE ONLY (Do not write below this line)



Determination: Approved

Denied

Income Verified _____

Date: _____