

**INCOME DISCLOSURE QUALIFICATION FOR LOW INCOME STATUS**  
**SAN DIEGUITO UNION HIGH SCHOOL DISTRICT**  
 Transportation Department (760) 753-8298 x6063

**2018-19**

To apply for free school bus transportation, you must return this disclosure application completed and signed, accompanied by approved income verification documents, and a completed bus pass application. Upon approval, this application will be valid for one school semester only. A new application is required for each semester. 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**

	Name (Last, First)	School	Grade
1.			
2.			
3.			
4.			

**C. Other Children (List 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bonds, deposits, real estate, or other investments; and any other fiscal income received, deposited to your account, or withdrawn from any source that would be available for payment of transportation.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 - \$1,316	5	\$0 - \$3,188
2	\$0 - \$1,784	6	\$0 - \$3,656
3	\$0 - \$2,252	7	\$0 - \$4,124
4	\$0 - \$2,720	8	\$0 - \$4,592

For each additional family member, add \$468.

\*\*"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. *Income verification is required at the time of application. Please provide copies of income verification documents as described on page 3 of this application.*

SOURCE AND ADDRESS OF INCOME	EMPLOYER'S PHONE NUMBER	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 a 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. **I understand that I will receive communication from the Transportation Department informing me of approval/denial of this application.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

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



Determination:      Approved      Denied      Reason: \_\_\_\_\_

    

Income Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

# ACCEPTABLE VERIFICATION DOCUMENTATION

In order to comply with the verification request, please provide documents that show your household's income at the time you applied for benefits or you may submit papers from time of application up to time of verification. Examples of types of acceptable documents are listed below:

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## **HOUSEHOLDS receiving Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), and the Food Distribution Program on Indian Reservation (FDPIR) benefits:**

Provide documents that show your household's current participation in this program. No other income information is required. Acceptable documents include:

- ✓ Food Stamp/CalWORKs/Kin-GAP/FDPIR certification notice showing eligibility period;
- ✓ Copy of CalWORKs warrant;
- ✓ Letter from the Food Stamp, CalWORKs, Kin-GAP, or FDPIR office stating you now receive benefits; or
- ✓ Authorization to Participate (ATP) card with current date, clearly identifying you or your child's Food Stamp, CalWORKs, Kin-GAP, or FDPIR eligibility.

A monthly Benefit Issuance Receipt, or an Electronic Benefit Transfer (EBT) card **is not proof** of Food Stamp Program eligibility. If your Food Stamp eligibility has ended, you must provide proof of your current income and send the necessary documents listed on this page.

### **Other Welfare Payments**

- ✓ Benefit letter from the welfare agency stating the amount of the benefit

## **ALL OTHER HOUSEHOLDS**

### **Earnings/Wages/Salary**

- ✓ Paycheck stub that shows how much and how often income is received
- ✓ Letter from employer stating amount of gross wages paid and how often they are paid
- ✓ Business or farming papers, such as ledger or tax books

### **Social Security/Pensions/Retirement**

- ✓ Social security benefit letter
- ✓ Statement of benefits received
- ✓ Pension award notice

### **Unemployment Compensation/Disability or Worker's Compensation**

- ✓ Copy of the unemployment/disability/worker's compensation award letter
- ✓ Check stub

### **Child Support/Alimony**

- ✓ Court decree, agreement, or copies of checks received

### **All Other Income**

If you have other types of income (such as rental income, etc.), provide information or documents that show the amount of income received, how often it is received, and the date received.

*For example:*    **Self-Employment Income**

- ✓ Business or farming documents, such as ledger books
- ✓ Last quarterly tax estimate and last year's tax return

### **Zero or No Income**

If you have no income, submit a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

If you have any questions or need help in deciding on the kind of information to provide, please call (760) 753-8298, ext. 6063.