

**Household Income Survey****School Year 2020-2021**

Please fill in the survey below. Then sign and return this survey to TAPA  
It may help your child and school get more services. There is more information on the back.

**PART I: What Children Live in Your Home?**

List Name of Child(ren) in School (K through grade 12)			Name of School	Grade Level	Foster Child? Y or N
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

**PART II: How many people are**

Circle the number of people in your home:    1    2    3    4    5    6    7    8    Other \_\_\_\_\_

**PART III: Does anyone in your house hold get SNAP or RI Works Benefits?  
If yes, fill in below. Then skip to PART V**

Does any member of your Home get SNAP or RI Works Benefits?

If yes, write their:

Name: \_\_\_\_\_ and Case Number: \_\_\_\_\_

**PART IV: Who has Income in Your Home? (if you listed a name & case number above, skip this part)**

Gross Home Income and how often it was received:

List Home Members	Amount if Paid Once a Week	Amount if Paid Twice a Month	Amount if Paid Every 2 Weeks	Amount if Paid Once a Month	Amount if Paid Once a Year
1..	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
All other Income	\$	\$	\$	\$	\$

**PART V: Adult Signs**

I promise this information provided is true. I have included all income.

Date \_\_\_\_\_

Sign as the Adult Household Member

Print Your Name Here

Family Address (number, street, city, state)

Phone number or Cell Phone number

**1. Who should I count in "Home Size"?**

- Include yourself and all people living in your home who share income and expenses.
  - This could include children, foster children, grandparents, other relatives, or friends who live with you.

**2. What is counted in "Total Home Income"?**

- Gross earnings from work:**
  - Gross income is the amount **earned before** taxes and other deductions are taken out of your pay - it's not your "take-home" pay!
  - Gross earnings usually can be found on your pay stub.
  - Net income should only be listed for self-owned business, farm, or rental income.
- RI Works, Child Support, Alimony**
- Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits**
- Military Housing Allowances and Combat Pay:**
  - Include off-base housing allowances.
- All Other Income:**
  - Worker's compensation
  - Unemployment or strike benefits
  - Regular contributions from people who do not live in your household, and
  - Any other income received.
- Do not include income from:**
  - WIC
  - Federal education benefits and
  - Foster payments received by your household.
  - Military Privatized Housing Initiative or combat pay

**Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

**Have you lost your job recently?** Enter zero for income

**3. How do I list income if some people are paid weekly, or twice per month, or every 2 weeks, monthly, or once a year?**

Here are some examples of how to list income on the front of this survey:					
List Home Members who have income:	Amount if Paid <u>Once a week</u>	Amount if Paid <u>Twice a Month</u>	Amount if Paid <u>Every 2 Weeks</u>	Amount if Paid <u>Once a Month</u>	Amount if Paid <u>Once a Year</u>
1. Mary Bazil	If Mary earns \$175 each week – list it here		If Mary earns \$20 every 2 weeks – list it here	If Mary gets \$100 each month in child support – list it here	
2. David Waters		If David earns \$233 2 times a month – list it here		If David receives \$75 from SSI each month – list it here	

**SCHOOL USE ONLY**

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

Total Income \$: _____ per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice A Month <input type="checkbox"/> Month <input type="checkbox"/> Year Household size: _____	<b>Up to 100% of FPG based on:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> income	<b>Between 100% and 185% of FPG based on:</b> <input type="checkbox"/> Head Start <input type="checkbox"/> SNAP or RI Works <input type="checkbox"/> Foster Child <input type="checkbox"/> Household's Income	<b>Over 185% of FPG based on:</b> <input type="checkbox"/> Household's Income
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**Signature of Determining Official** \_\_\_\_\_ **Date** \_\_\_\_\_

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99).