

Let's Get E-Rate Funds for our School!"



**PLEASE COMPLETE THE ATTACHED
HOUSEHOLD SURVEY***

on the back

We need everyone to return this survey in order for the survey to be considered valid.

THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:
Telecommunications
Internet Access
Technology
Maintenance

***This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.**

You may place the survey in an envelope to ensure privacy

Survey Number: _____
 [For School Use Only]

E-Rate Household Survey Spring/Fall 2021¹

Please complete and return to the school office within two weeks.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

| Household Size (Circle One) | Est. Annual Income (As Reported to IRS) | Monthly Income | If Paid Two times per mo. | If Paid Every Two Weeks | Weekly Income |
|-------------------------------|---|----------------|---------------------------|-------------------------|---------------|
| 1 | \$ 23,828 | \$1,986 | \$ 992 | \$ 917 | \$ 459 |
| 2 | 32,227 | 2,686 | 1,343 | 1,240 | 620 |
| 3 | 40,626 | 3,386 | 1,693 | 1,563 | 782 |
| 4 | 49,025 | 4,086 | 2,043 | 1,886 | 943 |
| 5 | 57,424 | 4,786 | 2,393 | 2,209 | 1,105 |
| 6 | 65,823 | 5,486 | 2,743 | 2,532 | 1,266 |
| 7 | 74,222 | 6,186 | 3,093 | 2,855 | 1,428 |
| 8 | 82,621 | 6,886 | 3,443 | 3,178 | 1,589 |
| Each add'l family member add: | 8,399 | 700 | 350 | 324 | 162 |

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes _____ No _____

Does your family qualify for medical assistance under Medicaid? Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)? Yes _____ No _____

Does your family receive housing assistance (section 8)? Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

| Name | Grade | School Attending in Fall 2020 |
|------|-------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2021 to June 30, 2022 (Federal Register/ Vol.86, No. 41/ Thursday, March 4, 2021/ Notices, pg. 12594)