



**For Office Use Only**

Please Circle One

Income Eligible: Yes / No

## Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Price Meal Program.

Name of Student: \_\_\_\_\_ Date of Application: \_\_\_\_\_

SSN of Student: \_\_\_\_\_ Date of Birth of Student: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

### Part A - Family Information

Please list information for all other household members.

#### Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

#### Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: \_\_\_\_\_

### Part B - Program Participation

Please check (✓) if Child /Family/Household member participates in one or more of the following programs (\*Documentation required):

						Case #
	Early Head Start		Head Start	Homeless	Families First (TANF)	
	Even Start Family Literacy		Foster Care	Migrant	Food Stamps / EBT	

\*If submitting proof of qualifying for any of the above programs, you do **NOT** need to complete Part C.

### Part C - Total Household Income

Please list **ALL INCOME** of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

#### Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work income	E.	AFDC / Public Assistance	I.	Alimony	M.	Other - please list
B.	Unemployment	F.	Social Security	J.	SSI Disability		
C.	Workman's Comp	G.	Veteran's Benefits	K.	Retirement		
D.	Pension(s)	H.	Child Support	L.	Foster Care		

Name of Adult	Employer (if applicable)	Source of Income Code (see list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$	X		\$
			\$	X		\$
			\$	X		\$
			\$	X		\$
			\$	X		\$
<b>Total Annual (Yearly) Income</b>						\$

### Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income.

<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	SSI Documentation
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	Retirement Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Alimony Documentation
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Other (Specify): →

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information. Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: \_\_\_\_\_

Signature of LEA employee: \_\_\_\_\_

Date Reviewed by LEA employee: \_\_\_\_\_