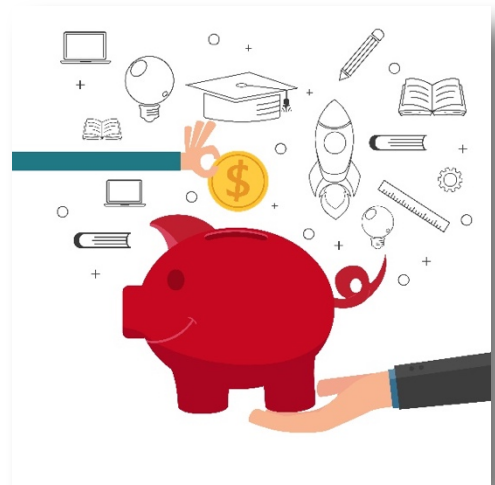


# Let's Get E-Rate Funds for our School!

## PLEASE COMPLETE THE ATTACHED HOUSEHOLD SURVEY\*

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

THIS WILL HELP OUR  
SCHOOL GET \$\$\$  
FOR:

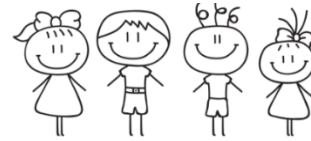


- Telecommunications
- Internet Access
- Technology
- Maintenance

**\*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.**

# E-Rate Household Survey Spring/Fall 2019

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	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each add'l family member add:	7,992	666	333	308	154

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 2019

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

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

<sup>1</sup>Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2018 to June 30, 2019 (Federal Register/ Vol.83, No. 89/ Tuesday, May 8, 2018/ Notices, pg. 20788-20789)