Family Name_____

Household Survey

Even if your income does not meet these income eligibility guidelines, you must return the survey in order for the survey to be valid

Address_____City_____State_____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	$20,147	$1,679	$840	$775	$388
2	$27,214	$2,268	$1,134	$1,047	$524
3	$34,281	$2,857	$1,429	$1,319	$660
4	$41,348	$3,446	$1,723	$1,591	$796
5	$48,415	$4,035	$2,018	$1,863	$932
6	$55,482	$4,624	$2,312	$2,134	$1,067
7	$62,549	$5,213	$2,607	$2,406	$1,203
8	$6,916	$5,802	$2,901	$2,678	$1,339
Each add'l Member add	$7,067	$589	$295	$272	$136

Is your income equal 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? Yes ____ No___

Is your family eligible for 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 Temporary Assistance for Needy Families (TANF)? Yes ____ No___

Does your family receive housing assistance (Section 8)? Yes ____ No___

Does your family receive home energy assistance (LIHEAP)? Yes ____ No___

Please list all students in your household that attend school. (Enter the grade they will be entering next year)

Childs Name	Grade	School