



Income Verification Form 2023-2024

This information is needed to determine HCZ Promise Academy's eligibility for government-funded programs, such as Title I. It will not affect your eligibility for any income assistance programs. HCZ does not share any personally identifiable information with outside entities.

Please enter your child's information below				
Last Name	First Name	Middle Name	Birthdate (MM/DD/YY) / /	Grade (K-12)

Does anyone in your household receive either SNAP, TANF or FDPIR benefits? Yes No

If you selected "Yes", please write their name: _____ and case # _____.
You are not required to complete the income table below. Please proceed to sign this form.

If you selected "No", please complete the income table below.

Please enter all household member names and household income below, including children.				
<i>If children do not earn income, please enter \$0.</i>				
#	Name	Income	Frequency (circle one)	
1		\$	W / BW / M / A	W = Weekly BW = Bi-weekly M = Monthly A = Annually <i>Income is defined here as income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. Income does not include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory prohibition.</i>
2		\$	W / BW / M / A	
3		\$	W / BW / M / A	
4		\$	W / BW / M / A	
5		\$	W / BW / M / A	
6		\$	W / BW / M / A	
7		\$	W / BW / M / A	
8		\$	W / BW / M / A	
9		\$	W / BW / M / A	
10		\$	W / BW / M / A	
	Total # of persons in family/household	Total Annual Income \$	Office use only	

Legal Guardian Name (Print)

Legal Guardian Name (Sign)