New York City Department of Education 2019-2020 Family Income Inquiry Form

		٦.	PART	Г									PAR 4	Ţ		PART	æ	4.5		PAF	RT	PAR	Ţ
ADULT HOUSEHOLD MEMBER NAME AND SIGNATURE	×	×	SIGNATURE: AN ADULT HOUSEHOLD MEMBER MUST SIGN THIS FORM BEFORE IT CAN BE PROCESSED. I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds, the school officials may verify the information, and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.	(Add the names listed in Parts 2 and 4)	∞ •	7	5	Ch Ch	\$	€ S	\$	49	• Gr	72	Print legal name of ALL Household Members NOT FC listed in Part 2 (Including yourself) even if they do not is	Do any Household Members (including you) currently receive SNAP (food stamp), FDPIR or TANF benefits? If NO, go to Part 4. If YES, write the case number from your benefit letter here then go to Part 5 to sign and date form (Do not complete PART 4)				Birth Date Print legal name of stude		I DO NOT WISH TO PROVIDE MY	COMPLETE ONE FORM FOR AL
E City	Address		SIGN THIS FORM BEFORE IT CAN BE is, the school officials may verify the informa		0000	0000	0000	0 0 0 0	0000	0000	0000	0000	Gross Earnings from Work Weekly Weekly Month Monthly	номогтем?	FOR EACH HOUSEHOLD MEMBER LISTED: If they receive income, report total income form each source in whole dollars only and shade the frequency to show how often the total income to received. If how often is not included, the income reported will be processed as received WEEKLY, If they do not receive income from any source write zero where there is no income to	ive SNAP (food stamp), FDPIR or TAN then go to Part 5 to sign and date form				Print legal name of students attending school in grades Pre-K to high school FIRST NAME MI LAST NAME		PERSONAL INFORMATION. Complete PART	FORM FOR ALL CHILDREN IN HOUSEHOLD
Zip	Apr.#		E PROCESSED. I certify that all of the in alion, and deliberate misrepresentation of		\$	\$	\$	\$	\$ 0 0	\$ 0 0	\$	\$ 000	Child Support / Allmony Pulyments Weekly V	report. Any field left blank is a posit	ED: If they receive income, report total in the income reported will be processed as	F benefits? If NO, go to Part 4. n (Do not complete PART 4)	CHECK	ALL THAT	APPLY		USE BLA	ON. Complete PART 2 with stude	EHOLD ATTENDING ANY S
ENTERTODAY'SDATE			formation is true and that all income is repo the information may subject me to proseco		0 0 \$	0 0 s	\$	0 0 \$	○ •	0 \$	0 0 \$	49	Pay from Pension, Redrement / SSI	indic	l income form each source in whole do as received WEEKLY. If they do not re	 				Normakes, Highard, Foster *STUDENT ID (OSIS #)	CKINK		CHOOL.
	E-MAIL ADDRESS	٥	vied. I understand that viion under applicable (TELEPHONE NUMBER	•	0000	0000	0000	000	000	0000	0 0 0 \$	0000	Bi 2x Any Other Income	es that there is no income.	of form each source in whole dollars only and shade the frequency to show how often the total income to lived WEEKLY. If they do not receive income to					BER, SCHOOL NAME an		nt information, go to PART 5 to sign and date form. Return to school.	RETURN FORM TO YOUR CHILD'S
			20		0 0 0	0000	0 0 0	0 0 0	0000	0000	0000	0 0 0 0	GI 2x Weelly Weelly Month Borthy	CARLOMOR	row how often the total income to					d Grade in the space provided. SCHOOL NAME GRADE		turn to school.	O'S SCHOOL.