New York City Department of Education
2020-2021 Family Income Inquiry Form

COMPLETE ONE FORM FOR ALL CHILDREN IN HOUSEHOLD ATTENDING ANY SCHOOL. RETURN FORM TO YOUR CHILD'S SCHOOL.

PART 1 ☐ **I DO NOT WISH TO PROVIDE MY PERSONAL INFORMATION.** Complete **PART 2** with student information, go to **PART 5** to sign and date form. Return to school.

USE BLACK INK

PART 2 Print legal name of students attending school in grades Pre-K to high school

	Birth Date MM / DD / YY	FIRST NAME	MI	LAST NAME	Homeless, Migrant, Runaway	Foster Child	*STUDENT ID (OSIS #)	SCHOOL NAME	GRADE
1	/ /				X	X			0
2	/ /				X	X			0
3	/ /				X	X			0
4	/ /				X	X			0
5	/ /				X	X			0

CHECK ALL THAT APPLY

Print STUDENT ID NUMBER, SCHOOL NAME and Grade in the space provided.

PART 3 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) →

PART 4 Print legal name of ALL Household Members NOT listed in Part 2 (Including yourself) even if they do not receive income.

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 is 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 report. Any field left blank is a positive indication of no income and certifies that there is no income.

		Gross Earnings from Work	HOWOFTEN? Weekly	Bi Weekly	2x Month	Monthly	Child Support / Alimony Payments	HOWOFTEN? Weekly	Bi Weekly	2x Month	Monthly	Pay from Pension, Retirement / SSI	HOWOFTEN? Weekly	Bi Weekly	2x Month	Monthly	Any Other Income	HOWOFTEN? Weekly	Bi Weekly	2x Month	Monthly
1		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
2		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
3		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
4		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
5		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
6		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
7		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
8		$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

TOTAL NUMBER OF HOUSEHOLD MEMBERS
(Add the names listed in **Parts 2** and **4**) → ☐☐

PART 5 **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.

( ) TELEPHONE NUMBER

☐ X PRINT

X SIGNATURE

ADULT HOUSEHOLD MEMBER NAME AND SIGNATURE

Address _____ Apt # _____

City _____ Zip _____

MM / DD / YY ENTER TODAY'S DATE

_____ @ _____ E-MAIL ADDRESS