INCOME DISCLOSURE QUALIFICATION FOR LOW INCOME STATUS SAN DIEGUITO UNION HIGH SCHOOL DISTRICT 1142 Bonita Drive

Encinitas, CA 92024

Transportation Department (760) 753-8298

To apply for free school bus transportation, you must return this disclosure application completed and signed, accompanied by approved income verification documents, and a completed bus pass application. Upon approval, this application will be valid for one school semester only. A new application is required for each semester. Incomplete information may delay processing; incorrect information may result in loss of benefits and/or legal action.

I. HOUSEHOLD MEMBERS:

A. Adult Members

Name (Last, First)	Social Security Number		
1.			
2.			
3.			
4.			

B. Children for whom application is made

Name (Last, First)	School	Grade
1.		
2.		
3.		
4.		

C.	Other Children	(List names of	all other	children who	live in your	househol	(k

1.	3.
2.	4.

II. INCOME:

Income is the money (not food stamps) received by all members of your economic family household. It includes salary or wages; earnings from self-employment, including farming; welfare and unemployment; child support and alimony; strike benefits; social security, pensions, retirement and disability payments; dividends, interest, rent, or other income from stocks, bonds, deposits, real estate, or other investments; and any other fiscal income received, deposited to your account, or withdrawn from any source that would be available for payment of transportation.

FAMILY SIZE**	MONTHLY GROSS	FAMILY SIZE**	MONTHLY GROSS
	INCOME		INCOME
1	\$0 - \$1,696	5	\$0 - \$4,079
2	\$0 - \$2,292	6	\$0 - \$4,675
3	\$0 - \$2,888	7	\$0 - \$5,271
4	\$0 - \$3,483	8	\$0 - \$5,867

For each additional family member, add \$596.

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^{**&}quot;Family" is defined as a group of related or non-related individuals who are living in one economic unit.

A. SOURCES OF INCOME:

List by source, the total monies received by all household members BEFORE DEDUCTIONS (Weekly incomes must by multiplied by 4.33, biweekly incomes must be multiplied by 2.15, annual incomes must be divided by 12. *Income verification is required at the time of application. Please provide copies of income verification documents as described on page 3 of this application.*

		URCE AND ESS OF INCOM	E		OYER'S PHONE NUMBER	MONTHLY INCOME
=	1.					
7	2.					
3	3.					
4	4.					
В.	TOTAL MONTHLY INC	OME OF ALL H	OUSEHOLD MI	EMBERS		
C.	TOTAL NUMBER OF N	ЛЕMBERS IN Н	OUSEHOLD			
info	nbers may be utilized to ver orming me of approval/denion	al of this application	on. 	ddress	nunication from the Tr	ansportation Departm
 Nai	me (PLEASE PRINT)			ate	Daytime Phone	e Number
		D OFFICE LISE (ONLY (Damata	مساحما معنس	shis line)	
		K UFFICE USE (ONLY (Do not v	vrite nelow t		
	FO				mis line)	
	FO Determination:	Approved	Denied		on:	

ACCEPTABLE VERIFICATION DOCUMENTATION

In order to comply with the verification request, please provide documents that show your household's income at the time you applied for benefits or you may submit papers from time of application up to time of verification. Examples of types of acceptable documents are listed below:

<u>HOUSEHOLDS</u> receiving Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), and the Food Distribution Program on Indian Reservation (FDPIR) benefits:

Provide documents that show your household's current participation in this program. No other income information is required. Acceptable documents include:

- ✓ Food Stamp/CalWORKs/Kin-GAP/FDPIR certification notice showing eligibility period;
- ✓ Copy of CalWORKs warrant:
- ✓ Letter from the Food Stamp, CalWORKs, Kin-GAP, or FDPIR office stating you now receive benefits; or
- ✓ Authorization to Participate (ATP) card with current date, clearly identifying you or your child's Food Stamp, CalWORKs, Kin-GAP, or FDPIR eligibility.

A monthly Benefit Issuance Receipt, or an Electronic Benefit Transfer (EBT) card *is not proof* of Food Stamp Program eligibility. If your Food Stamp eligibility has ended, you must provide proof of your current income and send the necessary documents listed on this page.

Other Welfare Payments

✓ Benefit letter from the welfare agency stating the amount of the benefit

ALL OTHER HOUSEHOLDS

Earnings/Wages/Salary

- √ Paycheck stub that shows how much and how often income is received.
- ✓ Letter from employer stating amount of gross wages paid and how often they are paid
- ✓ Business or farming papers, such as ledger or tax books.

Social Security/Pensions/Retirement

- ✓ Social security benefit letter
- ✓ Statement of benefits received
- ✓ Pension award notice

Unemployment Compensation/Disability or Worker's Compensation

- ✓ Copy of the unemployment/disability/worker's compensation award letter
- ✓ Check stub

Child Support/Alimony

✓ Court decree, agreement, or copies of checks received

All Other Income

If you have other types of income (such as rental income, etc.), provide information or documents that show the amount of income received, how often it is received, and the date received.

For example: Self-Employment Income

- ✓ Business or farming documents, such as ledger books
- ✓ Last quarterly tax estimate and last year's tax return

Zero or No Income

If you have no income, submit a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

If you have any questions or need help in deciding on the kind of information to provide, please call (760) 753-8298, ext. 5063.