

Town of Residence:

Scan this QR code for the electronic version of this form, or go to: education.vermont.gov/householdincome

Phone (optional):



2025-2026 Hous	Please return	this form to:								
will help your co	mmunity, you education dolla ne privacy of yo	r sc ars. ur h	chool and your This funding sup ousehold financ	property taxes. oports reading, nial information is	The information nath, science, art protected by law	you give helps y s, PE, afterschoo . Information co	llected through this			
IOITH WIII DE HANG	ied in accordan	ce v	with privacy requ	illernerits. Only	one form neede	u per nousenor	u.			
Section 1: Student Information - List all students in the household, Pre-Kindergarten through grade 12.										
First Na	me N	ΛI	Last N	Name	Date of Birth	Grade Level		School Name		
+16		.1.11				h la a a a d'a cara d'a ca		12.22		
*If more spaces are required for additional names, please add them to the Section 1 table continued on reverse side of this form.										
Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below.										
□ 3SquaresVT (SNAP) □ Reach Up (TANF) If you selected a Program, please skip to Section 4.										
Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size.										
 Household s Combined a child support, taxes, insural 	size is the total nnual income alimony, pens	num is th	nber of people, in ne total amount o	ncluding all child of income of all h cial Security, SS	ren and adults, re ousehold membe	elated and un-relates, including chil	ated, that live with you Idren, from the followir ome. The amount sho	and share income ng sources: Work, p	and expenses. ublic assistance,	
Household Size	□ 1		□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	
Combined Annual	□ \$28,952 or less		□ \$39,127 or less	□ \$49,302 or less	□ \$59,477 oless	r □ \$69,652 less	or	□ \$90,002 or less	□ \$100,177 or less	
Income Range	☐ More than \$28,952		☐ More than \$39,127	□ More than \$49,302	□ More than \$59,477	n □ More tha \$69,652		□ More than \$90,002	□ More than \$100,177	
If your household has 9 or more people, please enter your information here: Household Size: Household Income:										
Section 4: Contact Information & Signature										
'I certify (promise) that all inform	atior	n on this applica	tion is true, to th	e best of my know	wledge, and that	all income is reported	"		
Name of adult completing this form: Signature of adult completing this form:										

Email (optional):

First Name	MI	Last Name	Date of Birth	Grade Level	School Name

FOR SCHOOL USE ONLY

Instructions for School/District Staff:

• All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

Instructions: After reviewing the reverse side of this form, Select the appropriate option below for this submission. ☐ Household is AT or BELOW the 185% cutoff.

☐ Household is ABOVE the 185% cutoff.

Other	Prog	rams

Section 2 'Assistance Programs' selected

SCHOOL/DISTRICT STAFF

'I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.'

Signature:

Printed Name:

Date: