

2020-2021 OAK VIEW ELEMENTARY SCHOOL

*****USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES*****

Alternative Income Form

(Complete ONE Application per Household)

SECTION A. CHILDREN INFORMATION All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.
Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander

LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Date of Birth (Optional)	Racial and Ethnic Identities: (Optional)		MARK "X" If Foster Child	Mark "X" if No Income	Child's Personal Earned Income	Source of Income (Work)?	Paid How Often? (Circle)	ENTER Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR	ENTER Benefit Case Number
				Circle One Ethnic Identity	Circle one or more							
①				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
②				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
③				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
④				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
⑤				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R

Households submitting an application with a Benefit Case Number for CalFresh/CalWORKs for EACH child or an Adult household member, please skip to Section C and complete.

A Foster Child is under the legal responsibility of a foster care agency or court.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS: Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" if No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	Enter Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR	Enter Benefit
Richard, Larath	<input checked="" type="checkbox"/>	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M		
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				
⑤	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

This form may be submitted at any time during a school day.

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form _____ Signature of adult household member completing this form _____ Date _____
 _____ X _____

Street Address, Apt #, etc. _____ City _____ State _____ Zip _____ Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

DO NOT Write Below This Line-For School Use Only:

Application Status: _____ HSLD Size: _____ HSLD Annual Income: \$ _____ Determining Official's Signature & Date _____
 Approved based on:
 Income _____ Confirming Official's Signature & Date _____
 Denied based on:
 Income Too High _____ Verification Official's Signature & Date _____
 Incomplete _____

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12