

<b>Family Number:</b>
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## 2007-2008 Household Application for Title I and E-rate Programs

To apply for Title I and E-rate for your child(ren)'s school, complete, sign and return this form to the school.

<b>Part 1 Children in School</b> (Please print or type) Use a separate application for each foster child.				<b>Food Stamp or Alaska Temporary Assistance Case #.</b> <b>Skip to part 5 if you list a Food Stamp or TANF case number.</b> <b>Do not use Medicaid or Denali Kid Care #</b>
Name, Last	First, M.I.	Grade	Name of School	

**Part 2** If the child you are applying for is homeless, migrant or a runaway, check the appropriate box and call [your school homeless liaison, migrant coordinator at phone # **907-374-9416** ]     Homeless    Migrant    Runaway

**Part 3 Foster child** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and provide the child's monthly personal use income. \_\_\_\_\_ Write "0" if child has no personal use income. Skip Part 4, complete part 5, and optional Part 6. (Only the **signature** of a foster parent or other official representing the child is required to complete application.)

**Part 4 Total household gross income – You must tell us how much and how often.** \*Military households see page 2.  
 → For any child you gave a Food Stamp or ATAP/NFAP case number for, complete only box G. Then complete Part 5. Part 6 is optional.

A- Name (List everyone in household)	B- Check if NO income	C- Earnings from work before deductions and how often. <i>Example: \$200/ weekly</i>	D- Monthly Assistance; Child Support, Alimony	E- Monthly payments; Pensions, Retirement, Social Security	F- Any other monthly income
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
	<input type="checkbox"/>	\$ /	\$	\$	\$
<b>Subtotal:</b>		\$	\$	\$	\$

<p><b>G-Alaska Permanent Fund Dividend:</b> How many of the adults and children listed were approved for Permanent Fund Dividends in 2006_____in 2007_____? Include everyone who was approved for a PFD, even if part or the entire dividend was garnished.</p> <ul style="list-style-type: none"> <li>• Write "0" if no one was approved for a PFD.</li> <li>• Your application cannot be approved if this information is missing.</li> </ul>	<ul style="list-style-type: none"> <li>• For office use only</li> <li>• Total household size _____</li> <li>• Year _____ PFD \$ _____</li> </ul> Total Monthly Income \$ _____
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**Part 5 Signature and Social Security Number**

- I certify (promise) that all information on this application is true and that all income is reported.
- I understand that the school will get Federal funds based on the information I give.
- I understand that school officials may verify (check) the information on the application.
- I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sign here                                      Social Security Number                      Home phone number                      Work phone number

I do not have a Social Security Number (See Privacy Act Information on the back of this page.)

\_\_\_\_\_ Alaska \_\_\_\_\_

Printed name of adult                      Date signed                      Mailing address                      city                      state                      zip code

**Part 6 Optional -Children's race or ethnic identity.** Please check one or more racial or ethnic identities of your child(ren).

Race:  Alaska Native/American Indian    Asian    Black    Native Hawaiian/Pacific Islander    White

Ethnic:  Hispanic/Latino    Not Hispanic/Latino

