

Western Sierra Charter Schools-LCFF Income Survey

Part 1 Household Information				
Address:	City:	State: CA	Zip Code:	Phone Number:

Part 2 Benefits		
If any member of the household receives food stamps, CalWORKS, Kin-gap or FDPIR, provide the name and case number of the person receiving benefits and then skip to Part 4, otherwise go to Part 3.		
Name:	Type:	Case number:

Part 3 Income					
				Examples of what to include: Wages from work <u>before</u> deductions, Child Support, Alimony, Pension, Retirement, Social Security, SSI, VA Benefits <u>and all</u> other income including worker's compensation and unemployment.	
Full names of ALL household members	Name of School (Put N/A if person is not enrolled in MHS or GHS)	Date of Birth (children only) mm/dd/yy	Grade	Annual Income	If you are not reporting your annual income, how much are you paid and when?
Example: Mary Smith	N/A	N/A			\$535 Monthly, Weekly, etc.
1.				\$	or \$
2.				\$	or \$
3.				\$	or \$
4.				\$	or \$
5.				\$	or \$
6.				\$	or \$
7.				\$	or \$
8.				\$	or \$

Part 4 Signature/Certification of Adult Household Member		
I certify (promise) that all of the information on this form is true and that all household income is reported. I understand that the School will receive State funds based on the information that I give. I understand that school officials may verify (check) the information.		
Sign Here:	Print Name:	Date:

Part 5 District Office Use Only				
A.	Total "Weekly" Income:	\$	Conversion: Income x \$	Number In Household:
B.	Total "Every 2 Weeks" Income:	\$	Conversion: Income x = \$	Gross Annual Income \$
C.	Total "Twice Monthly" Income:	\$	Conversion: Income x = \$	
O.	Total "Monthly" income:	\$	Conversion: Income x \$	Code O: Code 1 or 2: