

Income Determination Form

Family Address _____

Age or grade levels of children living in your household and attending [insert name of private school]: _____

A. Locate your household size and the minimum allowable income earned each year. If your annual income is equal to or less than this amount, please check here: _____:

Family size	Income earned each year
1	\$20,665
2	\$27,991
3	\$35,317
4	\$42,643
5	\$49,969
6	\$57,295
7	\$64,621
8	\$71,947
For each additional family member, add \$7,326	

B. Is your family qualified for food stamps?
_____ Yes _____ No

C. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? (Formerly Aid to Families with Dependent Children or Public Assistance)
_____ Yes _____ No

Please return this form to:
[Insert name and contact information of person who signed the letter.]