

Let's Get E-Rate Funds for our School!"



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**PLEASE COMPLETE THE ATTACHED  
HOUSEHOLD SURVEY\***

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We need everyone to return this survey in order for the survey to be considered valid.

**THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:**  
Telecommunications  
Internet Access  
Technology  
Maintenance

**\*This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.**

Survey Number: \_\_\_\_\_  
 [For School Use Only]

**E-Rate Household Survey Spring/Fall 2019<sup>1</sup>**

Please complete and return to the school office within two weeks.



Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 23,107	\$ 1,926	\$ 963	\$ 889	\$ 445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	0,46	6,696	3,348	3,091	1,546
Each add'l family member add:	8177	682	341	315	158

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family qualify for medical assistance under Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family receiving Supplementary Security Income (SSI)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive housing assistance (section 8)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive home energy assistance (LIHEAP)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2019

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2019 to June 30, 2020 (Federal Register/ Vol.84, No. 54/ Wednesday, March 20, 2019/ Notices, pg. 10295)