

REQUIRED DOCUMENTATION AND PROCEDURE (check off documents attached to application)

- Provide most recent IRS 1040 Form (pages 1 and 2 for all wage earners supporting child/children).
- Attach copies of supporting documentation (section from divorce decree) pertaining to child support and alimony.
- Send copies of unemployment and paycheck stubs ONLY if changes have occurred since most recent tax filing.
- Copy of Transitional Assistance Benefits Letter

Failure to provide proof of all income will result in a delay in processing this request.
DO NOT SEND ORIGINALS: they cannot be returned. Copies can be made for you at the Business Office.
All documentation is treated confidentially and details are not shared with any other offices or departments.
All documents are destroyed after three years.

First Name and Initial	Last Name	Home Phone	Address
Other Parent /Guardian First Name	Last Name	Home Phone	Address

1a Check off Adults in Household:

- Yourself Spouse/civil union/partner
 Other Name: _____ Relationship: _____

Enter total adults claimed on tax return...

1b List all Dependents living with you:

Check if filing for fee assistance with:

First Name	Last Name	Relationship To Self	FY17 Grade	FY17 School	Bus	Sport	Activity	Other*

*Other would include **mandatory** school field trips and other school related fees; not events or overnight travel when **optional**.

Total number of Dependents claimed by you on your tax return listed in 1b above.....

Note: This line should tie to line 6d. form 1040 of most recent tax return.

⇨ Total number claimed by you on your tax return listed in 1a and 1b above.....

2a Yearly Income supporting child(ren):

Enter Whole Dollars

- Gross yearly Wages
- Social Security Death Benefit
- Disability Benefit
- If deceased – date of death

Mother	Father	Step Mother	Step Father	Other	Totals
					\$

2b Other yearly income

- TANF or Food Stamp #: _____
- Child Support.....
- Alimony.....
- SSI benefits.....
- Other income – List Source(s): _____

Total Gross Family Income from 2a and 2b

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An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose assistance.

Sign here: X _____ Print name: _____ Date: _____

MAIL TO:	Melissa Martel, Business Office, Sudbury Public Schools, 40 Fairbank Road, Sudbury, MA 01776
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