Plainfield Community Consolidated School District 202 Application for Fee Waiver for the 2017/2018 School Year for Grade K-12

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

| nas been submitted. ONE | APPLIC | | | | |
|--|--|--|--|---------------------------------|-------------------|
| SNAP or TANF | | * Attach proof of <u>current</u> SNAP/TANF benefits. There is no need to send additional documentation. | | | |
| | | | | | |
| Foster Child: | | Submit <u>current</u> placemen | | 0 , | this application. |
| Name of Student | 8. ID • | There is no need to send ac | dditional documentatio | on. | |
| Name of Student | QID. | | | | |
| Name of Student | & ID : | | | | |
| Name of Student | & ID : | | | | |
| Name of Parent / Legal Guardian: | | | | | |
| Address: | | | | | |
| Phone #: | | | | | |
| Si | EE ATTA | ACHED SHEET FOR DEFINITION | I OF INCOME & INCOME | GUIDELINES | |
| | | | | | |
| List everyone in household | How much do you get paid BEFORE any deductions? How often do you get paid? | | Disability, welfare, social security, etc. | Child support, Alimony, etc. | Indicate if min |
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| | | | | | |
| THE FOLLOWING MUST BE | ATTAC | CHED FOR EACH HOUSEHOL | D MEMBER RECEIVIN | C INCOME. | |
| 1. A COPY OF THE 20 www.irs.gov and r | 16 IRS equest | Federal Form 1040 for all a call a ca | ndults. If no taxes wer 016. | re filed, contact IRS | S 1-800-829-1040 |
| certify that all the information | on on t | his application is true and c | orrect and that all hou | sehold income for | each member of |
| he household is reported. I | unders | tand that school officials ma | ay verify the informati | on. | |
| am aware that supplying | false i | nformation to obtain a f | ee waiver is a Class | 4 felony (720 ILCS | S 5/17-6). |
| 11 / 0 | | | | 1. | |
| (| | | | | |
| ignature of Applicant | | • • | | Date | |
| Submit application to: Fee | | | | | |
| ***fee are approved depe | ending | g on when the completed | application has beer | n approved***** | *** |
| OFFICE USE ONLY: | | | | | |
| RECEIVED DURING: FIRS | | | | | |
| Λ PPROVED FOR 100% Λ | NAIV | ER OF: 4 QUARTERS3 | QUARTERS2 QUAR | TERS1 QUARTE | R |
| APPROVED FOR 50% RE | EDUC' | TION OF: 4 QUARTERS | _3 QUARTERS2 QU | JARTERS1 QUAI | RTER |
| DENIED: OVER THE INC | | GUIDELINES | DENIED: INC | ONADI ETE | |

Example of Acceptable Evidence for Verification of Income

Please provide information or documents, which show your household's current income*, specifically the gross income for each working household member or evidence of participation in government aid programs. **COPIES OF THE MOST RECENT IRS FORM 1040 ARE REQUIRED FOR EACH WORKING HOUSEHOLD MEMBER.** Examples of types of documents are listed below. Documentation for each source of income listed on your application is required. Any income intentionally not reported to the District will automatically disqualify your application.

| Earning | gs/Wages/Salary: |
|----------|--|
| | Pay stub dated no more than 30 days from the date application is submitted. |
| | Letter from employer on letterhead indicating hourly worker's name, SS#, gross wages and frequency of payment. |
| Self-En | nployment Income: |
| | Self-employment – income tax verification, business ledger |
| | Self-issued paycheck stub on pre-printed checks |
| | Copy of incorporation papers listing officers and/or principal stockholder |
| | Copy of quarterly payments to IRS |
| Food S | tamp/SNAP/TANF: |
| | Current Food stamp certification notice |
| | Letter from welfare office stating you are currently receiving SNAP/TANF benefits. The letter should include the name of the person receiving SNAP/TANF benefits. Beginning and ending dates the benefits were issued. |
| Social S | Security/Pension/Retirement: |
| | Social security benefit letter |
| | Statement of benefits received |
| | Pension award notice |
| | Disability award letter or check stub |
| Unemp | ployment Compensation: |
| | Notice of eligibility from State Unemployment Office |
| Welfar | e Payments: |
| | Government aid benefit letter |
| | Statement of purpose of benefit |
| Child S | upport/Alimony: |
| | Child support pay stubs |
| | Court decree |
| | State Disbursement Website print out /Canceled checks from spouse |
| | Income: If you have other forms of income, please provide information or documents which show the amount of ereceived, how often it is received, and the date it is received. |
| | Canceled checks for outside financial aid |
| | Notarized letter from person giving monthly aid |
| | the second secon |

No Income: If you have no income, please provide a letter explaining how you provide food, clothing, and housing for your household.

Families requesting a waiver for instructional fees need to submit an Application of Fee Waiver <u>and</u> the required documentation for review. Waiver forms and instructions with examples of acceptable documentation are included in this document. If your household income increases by \$50 or more per month (\$600 per year), your household size decreases, or you are no longer eligible for food stamps, TANF, or SNAP, you are obligated to report this change to the District immediately.

Fees that will not be waived:

Yearbook, cap & gown, P.E. locks, lost materials, replacement ID's or planners, school dances, lost equipment, parking permits, overnight trips, field trips, summer school etc.,

(This list is not all inclusive. If you have questions about a specific fee, please contact your school.

If your application is denied the reason(s) will be stated and you may appeal the decision. Your request must be in writing and must be received within 30 calendar days. Full payment of instructional fees is expected and due by August 1st 2017 or the 1st payment on the payment plan must be made.

Refunds:

If have been approved for a fee waiver and you have already paid the current year school fees you may request a refund by sending your request to Sandy Bresser sbresser@psd202.org or by fax 815-254-0590

With your written request, include your child/ren full name, student ID, school attending, your full name, address and phone number. Please allow 30 days for processing.

You will receive written notification if your fee waiver request has been granted, placed on hold or denied. Any additional questions regarding the fee waiver process may be directed to the Finance Department at 815-577-4052 or feewaivers@psd202.org

Federal definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

2017/2018 Income Guidelines: If your GROSS household income is <u>above</u> the 2017/2018 income guidelines you DO NOT qualify for a fee waiver. Below is a chart with the current income guidelines.

| Household Size | Annual Income BEFORE deductions |
|-------------------|---------------------------------|
| 1 | 22,311 |
| 2 | 30,044 |
| 3 | 37,777 |
| 4 | 45,510 |
| 5 | 53,243 |
| 6 | 60,976 |
| 7 | 68,709 |
| 8 | 76,442 |