

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



**PLEASE COMPLETE THE ATTACHED
HOUSEHOLD SURVEY***

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 2020¹

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



Your Address: _____ City _____ ST _____ Zip _____

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

Select One	Household Size	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
	1	\$ 23,606	\$1,968	\$ 984	\$ 908	\$ 454
	2	31,894	2,658	1,329	1,227	614
	3	40,182	3,349	1,675	1,546	773
	4	48,470	4,040	2,020	1,865	933
	5	56,758	4,730	2,365	2,183	1,092
	6	65,046	5,421	2,711	2,502	1,251
	7	73,334	6,112	3,056	2,821	1,411
	8	81,622	6,802	3,401	3,140	1,570
	Each add'l family member add:	8,288	691	346	319	160

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 2020

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

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2020 to June 30, 2021 (Federal Register / Vol.85, No. 55/ Friday, March 20, 2020/ Notices, pg. 16050)