

For Office Use Only

Please Circle One

Income Eligible: Yes / No

202|-22 Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form <u>DOES NOT</u> qualify your child for the Free or Reduced Meal Program.

Submission of this application is not a guarantee of acceptance into the VPK program.

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		Plea	Part A - se list Informatio		ily Information			
Name(s)	of ALL OTHER C	HILDREN	in the Household	D	ate of Birth	School	na S	Grade
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[&]quot;If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the Income and then calculate the Amount and the Total Annual income.

Source of Income Codes							
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
В.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list
C.	Workman's Comp	F.	Social Security	L	Alimony		and the second

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)		Multiplied by (X)	How many months did you receive this income in the last year?	Total	Amount
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Part D - INCOME VERIFICATION

Please check (√) all docum	nents submitted as Proof of Income or	Program Participation.
Pay Stub / Verification of pay by employer	Retirement Documentation	Foster Care Reimbursement
W-2 Form	Social Security	SSI Documentation
Income Tax Form 1040A or 1040	Veteran's Benefit Letter	TANF Documentation
Unemployment Compensation	Child Support	AFDC / Public Assistance Payment
Workman's Compensation Documentation	Alimony Documentation	TennCare Verification
Pension Stubs	Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any faisification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant:	SSN#.	
Signature of Applicant:	Date:	
Name a	and Signature of LEA employee reviewing this app	Vication
	re income documentation and verification information. deted forms must be maintained in accordance with FE	RPA.
Printed Name / Title of LEA employee:		
Signature of LEA employee:		
Date Reviewed by LEA employee:	Park Perpendicular	
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Updated: 2/18/18

DESCRIPTION OF PERSONS