



# Household Income Form

Enter information about the children in your household, any benefits your household receives and your household income. A parent/legal guardian should submit one signed form per family. The information on this form is used to determine if CCA qualifies for much-needed funding from state and federal sources.

Submit this form to Commonwealth Charter Academy by:

- 1- Scan and email to [CCAEnroll@ccaeducate.me](mailto:CCAEnroll@ccaeducate.me)
- 2- Fax to 717-948-5300
- 3- Mail to Enrollment, 1 Innovation Way, Harrisburg, PA 17110

## Children in Household

Enter information for each child in your household below.

Name of Child (Last, First, Middle Initial)	Date of Birth	Current Grade	School District	Is child a ward of the court or a foster child? (If Yes, you must list personal-use monthly income.)
				<input type="checkbox"/> No <input type="checkbox"/> Decline to disclose <input type="checkbox"/> Yes (Personal-use monthly income \$ _____ /mo.)
				<input type="checkbox"/> No <input type="checkbox"/> Decline to disclose <input type="checkbox"/> Yes (Personal-use monthly income \$ _____ /mo.)
				<input type="checkbox"/> No <input type="checkbox"/> Decline to disclose <input type="checkbox"/> Yes (Personal-use monthly income \$ _____ /mo.)
				<input type="checkbox"/> No <input type="checkbox"/> Decline to disclose <input type="checkbox"/> Yes (Personal-use monthly income \$ _____ /mo.)

## Benefits

Does any member of the household receive SNAP, FDPIR, TANF or food stamps? (check one)

- Yes. If yes, please provide a benefits case number (required). \_\_\_\_\_
  No  Decline to disclose

## Household Income

Please enter the total number of household members and the total annual income of all household members below. A household includes all related family members and all unrelated persons, such as foster children, wards, or employees, that live in the same residence. Include income from all household members when calculating yearly gross income below. (Please include all gross earnings from work, pensions, retirement income, Social Security, public assistance, child support, alimony, disability benefits, and any other income that you are required to report to the IRS.) You have the right to decline to disclose this information by checking the box below.

Total number of household members	Total annual Income of Household	I decline to disclose. I understand that this decision may impact funding for programs and services for CCA.
		<input type="checkbox"/> Decline to disclose

## Signature of Parent/Legal Guardian

By signing below, I certify that all information provided is true and that all income has been reported. I understand that the school may receive federal funds based on the information I give. I understand that I may be subject to criminal penalties and fines if I purposely provide false information.

Parent/Legal Guardian's Signature

Date

Phone number

Last name (please print)

First name

Middle initial