

**New Jersey Department of Education
Household Information Survey 2016 - 2017**



COUNTY _____ DISTRICT _____ CEP SCHOOL _____

This survey is used to determine eligibility for additional state benefits for which your child(ren)'s school may qualify. Please complete, sign and return this form to your child's school.

Part A. Household Members - Fill in the information for every person living in your household.

List all who live in the household: Names (First & Last)	Date of Birth XX-XX-XXXX	Name of School the Student Attends (if applicable)	Grade Level	Student Information (where applicable)			
				Migrant	Homeless	Foster	in Head Start
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Part B. Benefits Received (if applicable)

1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box: **FDPIR** **TANF** **SNAP** (formerly food stamps)
 2) If you checked a box, write the name and 10-digit case number of any one person receiving the benefit and **skip to Part D.**
 Name _____ Case # _____-_____-_____-_____

Part C. Household Size and Gross Income (before deductions)

Select your household size and check the box next to Annual Income Range 1 OR 2 OR 3 that includes your total annual household income.
Do not check an income in all ranges. For help determining your household size and annual household income, please refer to instructions on page 2.

Household Size	Annual Household Income Ranges		
	Range - 1	Range - 2	Range - 3
1	<input type="checkbox"/> \$0 - \$15,444	<input type="checkbox"/> \$15,445 - \$21,978	<input type="checkbox"/> \$21,979+
2	<input type="checkbox"/> \$0 - \$20,826	<input type="checkbox"/> \$20,827 - \$29,637	<input type="checkbox"/> \$29,638+
3	<input type="checkbox"/> \$0 - \$26,208	<input type="checkbox"/> \$26,209 - \$37,296	<input type="checkbox"/> \$37,297+
4	<input type="checkbox"/> \$0 - \$31,590	<input type="checkbox"/> \$31,591 - \$44,955	<input type="checkbox"/> \$44,956+
5	<input type="checkbox"/> \$0 - \$36,972	<input type="checkbox"/> \$36,973 - \$52,614	<input type="checkbox"/> \$52,615+
6	<input type="checkbox"/> \$0 - \$42,354	<input type="checkbox"/> \$42,355 - \$60,273	<input type="checkbox"/> \$60,274+
7	<input type="checkbox"/> \$0 - \$47,749	<input type="checkbox"/> \$47,750 - \$67,951	<input type="checkbox"/> \$67,952+
8	<input type="checkbox"/> \$0 - \$53,157	<input type="checkbox"/> \$53,158 - \$75,647	<input type="checkbox"/> \$75,648+

If household size is greater than 8, list household size and total annual income below:
 Household Size: _____ Total Annual Income: \$ _____

Part D: Certification - The head of household or adult designee who completed this form must complete the certification section below.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: _____ Print Name: _____ Date: _____
 Last Four (4) Digits of Social Security Number (Optional): XXX-XX-____-____ (may be used to verify the accuracy of the information provided)
 Address _____ City _____ Zip Code _____
 Home Phone _____ Work Phone _____ Email Address (optional) _____

Do NOT fill out this part. This is for school use only.

Status: F _____ R _____ N _____
 Reason for ineligibility: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____

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Household Information Survey**

Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with you and your children, and who pay a pro-rated share of expenses), do not include them.

Part B: What are benefits received?

- TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- SNAP:** Supplemental Nutrition Assistance Program (formerly foodstamps)
- FDPIR:** Food Distribution Program on Indian Reservations

Part C: What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources. Do not include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of Income based on the above definitions for every household member. Use the table below for the Annual Income Conversion.

Frequency	Annual Income Conversion:
Weekly	= 52 x Weekly
Bi-Weekly(Every two weeks)	= 26 x Every 2 weeks
Twice per month	= 24 x Twice a month
Monthly	= 12 x Monthly

- 2) Sum the annualized pay for all sources for all household members to determine the total annual household income and check the box within the appropriate range for your household size in Part C.
- 3) If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available at <http://www.state.nj.us/education/finance/cep/>