



**DEERFIELD PUBLIC SCHOOLS DISTRICT 109
2021-2022 FEE WAIVER APPLICATION**

1. Applicant's Name: _____
2. Address: _____
3. Student's Full Name: _____ School _____ Grade _____
4. List name, date of birth, social security number and monthly income **from ALL sources for each dependent or household member including applicant:**

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Total Gross Monthly Income</u>
A. _____	_____	_____	\$_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____
F. _____	_____	_____	_____
G. _____	_____	_____	_____
TOTAL GROSS MONTHLY INCOME			\$_____

(please provide one month's worth of the most recent paycheck stubs for all working household members)

5. Have you been approved for free milk and meals? Yes ___ No ___
If yes, skip to the applicant's signature and sign.
6. Are you presently receiving food stamps? Yes ___ No ___
If yes, indicate number _____ and skip to applicant's signature, sign and notarize form.
7. Has anyone in your household recently had a significant loss in income? Yes ___ No ___
If yes, please explain

8. Has there been a severe illness or injury in the family? Yes ___ No ___ If yes, please explain

9. Has there been a major financial loss due to fire, flood, storm damage or similar emergencies? Yes ___ No ___
If yes, please explain

10. Do you own over \$5,000 liquid assets (cash, bank accounts, stocks, bonds, money market accounts, beneficial interests in trusts, individual retirement accounts, annuities, pensions, and/or profit sharing plans)? Yes ___ No ___
11. If yes, please explain

12. Are you receiving child support or other monies for subsistence for the child or children for which waiver of fees is sought? _____ If so, list type and amount

13. Are you (or your child) currently receiving any benefits under any state or federal public assistance/welfare program?

I have read the foregoing application and my answers are true to the best of my knowledge and belief. I understand that any false statements knowingly made shall subject me to prosecution under relevant State and Federal laws. I understand that I am required to notify the School District in the event my income increases more than \$50 per month or that circumstances prevail which materially impact the information provided in this application.

Applicant

Date _____

SUBSCRIBED and SWORN to before
me this ____ day of _____,
(year)

This application will remain in effect for the balance of the school year unless withdrawn. A new application must be filed each year.

Please submit proof of ALL income, along with a copy of your most recent federal income tax statement, including attachments, along with this complete, notarized form to Kelly Mitchell, Business Office Specialist, Deerfield Public Schools District 109, 517 Deerfield Road, Deerfield, IL 60015. Missing information will delay processing or invalidate your application. Income includes the following:

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public Assistance payments
Welfare payments
Alimony/child support payments

Other Income

Disability benefits
Cash withdrawn from savings
Income from estates/trusts/investments
Regular contributions from person not living in household
Net royalties/annuities/net rental income
Any other income

FOR OFFICE USE ONLY

Eligibility determination APPROVED ____ DENIED ____ TEMPORARILY UNTIL _____

Reason for denial _____

Change in status (Reason) _____

Date _____ Date Withdrawn _____

Signature of determining officer _____ Date _____
