

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



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**PLEASE COMPLETE THE ATTACHED  
HOUSEHOLD SURVEY\***

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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 2020<sup>1</sup>**

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



Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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

Household Size (Circle One)	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: \_\_\_\_\_

<sup>1</sup>Income 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)