Estimated Income Eligibility Guidelines (2021-2022) for Reduced-Cost Meal Program

| Household size | Annual | Monthly | Twice per month | Every two weeks |
| :---: | :---: | :---: | :---: | :---: |
| 1 | 23,606 | 1,968 | 984 | 908 |
| 2 | 31,894 | 2,658 | 1,329 | 1,227 |
| 3 | 40,182 | 3,349 | 1,675 | 1,546 |
| 4 | 48,470 | 4,040 | 2,020 | 1,865 |
| 5 | 56,758 | 4,730 | 2,365 | 614 |
| 6 | 65,046 | 5,421 | 2,711 | 773 |
| 7 | 73,334 | 6,112 | 3,056 | 2,183 |
| 8 | 81,622 | 6,802 | 3,401 | 2,802 |
| For each additional | 3,288 |  |  | 3,140 |
| family member, add |  |  | 319 | 1,251 |

## Application for Reduced-Cost Meal Program

Total household income/gross income (before deductions). List all income on the same line as the person who receives it. Check the box which indicates how often the income is received. Record each income only once.

| 1. Household | 2. Children's schools | 3. Income | 4. Gross income and how often received |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| List all names | School name or N/A if not attending school | Enter X for each member in column 1 with income | Amount of earnings from work before deductions | $\begin{aligned} & \text { त্} \\ & \text { む̀ } \\ & \stackrel{0}{3} \end{aligned}$ |  |  |  | Amount of child support, alimony | $\begin{aligned} & \frac{\lambda}{\text { 㐅}} \\ & \vdots \\ & \vdots \\ & \vdots \end{aligned}$ |  |  | $\begin{array}{\|l\|} \substack{\lambda \\ \\ \\ \\ \hline} \end{array}$ | Amount of Social Security, SSI, VA, Retirement | $\begin{aligned} & \grave{\grave{y}} \\ & \vdots \\ & \stackrel{y}{3} \end{aligned}$ |  |  |  | Amount <br> of all other income | $\begin{aligned} & \text { त্} \\ & \text { ভ } \\ & \stackrel{\omega}{\omega} \end{aligned}$ |  |  |  |
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| Household total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

An adult member of the household must sign this application.
I certify that all information on this application is true and that all household income is reported. I understand that St. Joseph's Academy will provide assistance based on the information I have
 that legal action may be taken against me
$\qquad$
Signature

Address/City/State/Zip: $\qquad$

Date:
Email: $\qquad$
Phone: $\qquad$

