



Household Income Survey

Princeton City Schools will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2026 through June 30, 2027

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$29,526	2,461	1,231	1,136	568
2	\$40,034	3,337	1,669	1,540	770
3	\$50,542	4,212	2,106	1,944	972
4	\$61,050	5,088	2,544	2,349	1,175
5	\$71,558	5,964	2,982	2,753	1,377
6	\$82,066	6,839	3,420	3,157	1,579
7	\$92,574	7,715	3,858	3,561	1,781
8	\$103,082	8,591	4,296	3,965	1,983
Each additional member add:	\$10,508	876	438	405	203



If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 -digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 7-digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address:
Princeton City Schools Food Service Dept., 11786 Highway Dr., Cincinnati, Ohio 45241

The following selections must be completed by the Head of Household or Designee:

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:

2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.		
Sign Here: X _____ Date _____		Print Name: _____
Last Four (4) Digits of Social Security Number: XXX-XX- _____ ☐		I do not have a Social Security Number
Address _____		City _____ Zip Code _____
Home Phone _____	Work Phone _____	Email Address _____ By providing your email address, you may be contact via email by the district.

For Internal Office Use Only:

Please circle one option.

QUALIFIES

DOES NOT QUALIFY

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Household Income Survey may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free meals.**

☐ No! I **DO NOT** want information from my Household Income Survey shared with any of these programs.

☐ Yes! I **DO** want school officials to share information from my Household Income Survey for **School Fee Waiver**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **The Food Service Office at (513) 864-1023** or email fservice@vikingmail.org

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