



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 64 PARK RIDGE-NILES

164 S. Prospect Avenue Park Ridge, IL 60068-4079 (847) 318-4300 FAX (847) 318-4351 www.d64.org

REQUEST FOR STUDENT FEE WAIVER ONLY
(please see income guideline on reverse side)

If no household members have a SNAP or TANF case ID number, provide gross income (before deductions) and frequency below (weekly, bi-weekly, 2 times per month, monthly, annually)

<u>Names of all household members</u>	<u>Name of school (if applicable)</u>	<u>Check if foster child</u>	<u>SNAP or TANF Case ID number (for any household members)</u>	<u>Earnings from work</u>	<u>Welfare, child support, alimony</u>	<u>Pensions, retirement, social security, SSI, VA benefits</u>	<u>All other income</u>	<u>Check if no income</u>
				\$ /	\$ /	\$ /	\$ /	

2) Categorical Eligibility: ☐ Homeless ☐ Runaway ☐ Migrant ☐ Head Start ☐ Income

Signature of your school Homeless liaison, migrant Coordinator, or Head Start Director

_____ Date: _____

3) Signature and last 4 numbers of Social Security Number (Adult household member must sign)

Date: _____ Printed Name of Adult Household Member: _____

Signature of Adult Household: _____ SSN: XXX-XX-_____

4) Please include income verification and we reserve the right to request additional information.

Approved _____ Denied _____

Rebecca J. Allard, Chief School Business Official

Date:

ILLINOIS INCOME GUIDELINES
(Effective from July 1, 2014 to June 30, 2015)

<u>Family Size</u>	<u>Level for Fee Waiver</u>		
	<u>Year</u>	<u>Month</u>	<u>Week</u>
1	\$15,171	\$1,265	\$292
2	20,449	1,705	394
3	25,727	2,144	495
4	31,005	2,584	597
5	36,283	3,024	698
6	41,561	3,464	800
7	46,839	3,904	901
8	52,117	4,344	1,003
Each additional family member	+5,278	+440	+102