



PARADISE SCHOOLS

12775 N 175th Ave
Surprise AZ 85388
623.455.7400

2017-18 APPLICATION FOR STATUS VERIFICATION

This application is used to qualify Paradise Schools' families for reduction to internal program fees ONLY.
This is NOT the *Application for Free and Reduced-Price School Meals* for the National School Lunch Program.

1. HOUSEHOLD INFORMATION Please complete all fields.

Full Name* _____

Address* _____

City/State/Zip Code* _____

Mobile Number* _____

Email Address* _____

Number of people in your household at this address*

Adults (18 & over) _____ + Children (under 18 yrs) _____ = Total Household Size

STUDENT(S) NAME(S)* _____

(List ALL students in household)

* Required fields

2. HOUSEHOLD QUALIFICATION Fill out either section 2A or 2B. You do not need to complete both.

2A. Public Assistance Programs

Check all the programs in which you or someone in your household participates. *Proof of program eligibility required—see below.*

<input type="checkbox"/>	Supplemental Nutrition Assistance Program* (SNAP – Food Stamps)
<input type="checkbox"/>	Temporary Assistance for Needy Families* (TANF)
<input type="checkbox"/>	Foster Child* (**Not applicable to entire household—see below.)

OR

2B. Household Income

If you did not check any boxes in section 2A along with the required supporting documents, please indicate your total annual gross household income. This includes income from every member of your household. *Proof of income required—see below.*

Total Annual Gross Income: \$ _____*

*REQUIRED: Please provide the following supporting documents:

- ✓ Consecutive Pay Stubs (4 weekly, 2 biweekly, 2 semimonthly or 1 monthly)
- ✓ Tax return for applicable tax year (1st page ONLY, reflecting income stated above)

Case Number* _____

* REQUIRED: Please provide the following supporting documents:

- ✓ Copy of current authorization to receive benefits
- ✓ Written statement from state/local agency
- ✓ **For Foster Children ONLY: Copy of DES notice to provider(s) required.

Income Guidelines

Family Size	Annual Income	
	Free	Reduced
1	\$15,678	\$22,311
2	21,112	30,044
3	26,546	37,777
4	31,980	45,510
5	37,414	53,243
6	42,848	60,976
7	48,282	68,709
8	53,716	76,442
Each Additional Member Add:	+\$5,434	+\$7,733

3. YOUR DECLARATION Read the following statements carefully; sign and date.

By signing this declaration, I certify that:

- I have read and understood the full contents of this application.
- I will notify Paradise Schools if my household situation changes.
- I understand that I am required to provide proof of program eligibility or total household income in order to qualify.
- I will pay back any discounts if any information I provide is deemed to be untrue.
- I certify that the facts stated above are true and correct to the best of my knowledge.

X

Signature

Date

FOR OFFICE USE ONLY: ___ F ___ R / Date: _____ Initials: _____