

2024-25 Sample Family Income Survey for Nonprofit Private School Teacher Cancellation Low Income Directory Application

Please complete this form and return it to your student's private school. All information is kept confidential and is only used to determine whether the school is eligible to be in the Teacher Cancellation Low Income Directory with the US Department of Education.

School Information

Private School Name _____

School Code _____

School Year _____

Household Income Information

Please indicate the grade levels of all children living in your household and attending this school between Kindergarten and 12th grade. Please provide a number if you have more than one child in a particular grade (e.g.: two in 1st grade):

Using the chart below select your family size (total number of people including adults and children). Then answer the three questions below:

Family Size	Income earned each month *
1	\$2,322
2	\$3,152
3	\$3,981
4	\$4,810
5	\$5,640
6	\$6,469
7	\$7,299
8	\$8,128
9 or more (for each additional family member, add \$830)	
<small>*Federal Register/Vol. 89, No. 34/Tuesday, February 20, 2024; Income Eligibility Guidelines, U.S. Department of Agriculture, (Effective from July 1, 2024, to June 30, 2025).</small>	

1. Is your monthly income equal to or less than the amount listed in the Income earned each month column?

☐ Yes ☐ No

2. Does your family qualify for food stamps?

☐ Yes ☐ No

3. Are you receiving Temporary Assistance to Needy Families (TANF)? (Formerly Aid to Families with Dependent Children or Public Assistance)

☐ Yes ☐ No

Complete and return this form to your child's school. Thank you for your assistance.