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Household Economic Survey

TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

This form is to verify the income eligibility of a student for the Tax Credit for Low Income Students Scholarship Program.

There are _____ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is _____ per year.

Student Name	School	Grade	Date of Birth

☐ Additional students are listed on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

Signature of Parent or Guardian

Date

Phone

For School Use Only: ☐ Free ☐ Reduced ☐ Not Eligible

Student eligible for program based on income: YES NO