



### (Applications received before October 1st will be returned)

# **West Aurora School District 129** Application for Fee Waiver for the 2019/2020 School Year for Grade K-12

		ONE APPLICA	ATION FOR ALL FAI	VIILY IVIEI	VIBEK2		
SNAP or TANF Case Num	nber:						
		* Attach prod documentation	<mark>of of current SNAP</mark> on.	<mark>/TANF</mark> . T	here is no need	l to send addi	tional
Foster Child? Yes or No		If yes, please	provide <b>current</b> pla	acement	documents fror	n agency and	sign
		this applicatio	n. There is no nee	d to send	additional doc	umentation.	
Name and ID# of Stud	dent:						
Name and ID# of Stud							
Name and ID# of Stud							
Name of Parent / Legal Guardian:							
(please print):							
Address:							
Home Phone #:							
Work or Cell Phone #:							
		*The income	guidelines are the	same as	the free & redu	<mark>uced lunch gu</mark>	idelines*
In the table below list all m	ember	s living in househ	old – Include proof of a	all househo	ld income and spe	cify how often It	is received.
SE	E ATTA	CHED SHEET FO	R DEFINITION OF IN	COME & II	NCOME GUIDELI	NES	
					Child		Check if No
List everyone		much do you get	Disability, we	lfare,	support,	Other	INCOME -
in household	-	And how often do you get paid?	social security		Alimony,	(please	Indicate if
	,	you get paid.		•	etc.	specify)	minor
THE FOLLOWING MUST B	E ATT	ACHED FOR I	<b>EACH HOUSEHOL</b>	D MEME	BER RECEIVING	INCOME:	
1. A COPY OF THE M	OST I	RECENT IRS F	ORM 1040 (most	current	<mark>federal tax re</mark>	turns for all	adults). If r
taxes were filed, o	onta	ct IRS 1-800-8	29-1040 and req	uest a le	tter of non-fili	ing.	
2. Attach evidence o	f all c	urrent gross i	income. See page	e two fo	r more inform	ation.	
		<u> </u>					
l, the undersigned, parent/gua hereby request that the Schoo	rdian	of				(name of	students)
hereby request that the Schoo	l Boar	d of West Auro	ora School District 1	L29 waive	the above mer	ntioned fees.	
I certify (promise) that all the i	nform	ation on this a	nnlication is true a	nd correc	t and that all h	ousehold inco	me for each
member of the household is re			• •				
member of the household is re	.porte	a. Tanacistan	a that school offici	ais iliay v	crity (cricck) till		•
I am aware that supplying f	alse i	nformation to	o obtain a fee wa	iver is a	Class 4 felony	(720 ILCS 5/	<mark>′17-6).</mark>
X							
Signature of Applicant		Name of A	Applicant	Date			
Submit application to: Att					e, Aurora IL 60	0506 or	

## **Acceptable Evidence for Verification of Income**

Please provide information or documents, which show your household's current income\*, specifically the <u>GROSS income</u> for <u>each working household member</u> or evidence of participation in government aid programs. COPIES OF THE MOST RECENT IRS FORM 1040 ARE REQUIRED FOR EACH WORKING HOUSEHOLD MEMBER. Examples of types of documents are listed below. Documentation for each source of income listed on your application is required. Any income intentionally not reported to the District will automatically disqualify your application. In addition, you may be asked to provide property tax bills, bank statements, credit card statements, rental/lease agreement, or mortgage statements. Please provide the number of check stubs: Weekly (4 stubs) Bi-weekly (2) 2x Month (2)

Earnin	ngs/Wages/Salary:
	Pay stub dated Received how often (ex: weekly)
	Letter from employer on letterhead indicating hourly worker's name, SS#, GROSS wages and frequency of
	payment.
Self-Er	mployment Income:
	Self-employment – income tax verification, business ledger
	Self-issued paycheck stub on pre-printed checks
	Copy of incorporation papers listing officers and/or principal stockholder
	Copy of quarterly payments to IRS
Food S	Stamp/SNAP/TANF:
	Food stamp certification notice
	Letter from welfare office
	Name of person receiving benefit:
	Dollar amount: \$
	Beginning and ending dates:to
Social	Security/Pension/Retirement:
	Social security benefit letter
	Statement of benefits received
	Pension award notice
	Disability award letter or check stub
Unem	ployment Compensation:
	Notice of eligibility from State Unemployment Office
Welfa	re Payments:
	Government aid benefit letter
	Statement of purpose of benefit
Child S	Support/Alimony:
	Child support pay stubs
	Court decree
	State Disbursement Website print out /Canceled checks from spouse
Other	Income: If you have other forms of income, please provide information or documents which show the amount of
ncom	e received, how often it is received, and the date it is received.
	Canceled checks for outside financial aid
	Notarized letter from person giving monthly aid

No Income: If you have no income, please provide a letter explaining how you provide food, clothing, and housing for your household.

Families requesting a waiver for registration fees need to submit an Application of Fee Waiver and the required documentation for review. Waiver forms and instructions with examples of acceptable documentation are included in this document. You will receive written notification if your waiver request has been denied and a phone call/email if your fee waiver has been approved. If your household income increases by \$50 or more per month (\$600 per year), your

household size decreases, or you are no longer eligible for food stamps, TANF, or SNAP, you are obligated to report this change to the District immediately.

#### Fees that will not be waived:

Yearbook, class rings, library fines, P.E. locks, lost or damaged materials or equipment, replacement ID's or planners, school dance admissions, athletic event admissions or any other social event, parking permits, overnight trips, summer school, school pictures, etc., (This list is not all inclusive. If you have questions about a specific fee, please contact your school.)

If your application is denied the reason(s) will be stated and you may appeal the decision. Your request must be in writing and must be received within 30 calendar days. Full payment of instructional fees is expected and due by November 29<sup>th</sup> unless a payment plan is established. If you need to complete a payment plan, please contact your child's school directly.

Any questions regarding the fee waiver process may be directed to your child's school or the Finance Department at 630-301-5063 or feewaivers@sd129.org.

Please allow 30 days from the day the waiver is received for processing.

### Federal definition of income:

Income is defined as any monies earned **before any deductions** such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

#### Refunds:

If you have been approved for a fee waiver and you have already paid the current year school fees you may **REQUEST** a refund by contacting your child's school directly.