Family Income Statement for consideration of Campership – Summer 2025

1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

|  |  |  |  | If yes, fill in one or more circles for each child. **Ethnicity and Race are Optional** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Ethnicity** | **Race – One or more may be selected** |
| **Child’s First Name** | **Middle Initial (MI)** | **Child’s Last Name** | **Birthdate** | **Enrolled at this center?** | **Child in Foster Care?** | **Hispanic / Latino?** | **American Indian or Alaskan Native?** | **Asian?** | **Black or African American?** | **Native Hawaiian or other Pacific Islander?** | **White?** |
|  |  |  |  | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
|  |  |  |  | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
|  |  |  |  | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
|  |  |  |  | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

2 Do any household members **currently** participate in SNAP, MFIP or FDPIR? **If yes, check which program and write the corresponding case number below:**

**Go on to number 4**. **If no**, go to number 3. **Note: Child Care Assistance, Medical Assistance, WIC benefits, and PMI numbers** **do not qualify** under this section 2.

**[ ]  SNAP** Case number **[ ]  MFIP** Case number **[ ]  FDPIR** Case number

3 Report income for all household members. Skip this step if you answered yes to number 2 or if all participants are children in foster care.

**A.** Child Income. Include the total income a child earns or receives. Child Income: ⭘ Weekly ⭘ Every two weeks ⭘ Twice per Month ⭘ Monthly

**B.** Adult Income. Include yourself and record total income below. List all adult household members even if they don’t receive income.

|  | **Gross Pay from Work**Do not write in an hourly wage | **Farm or Self-Employment** | **Public Assistance, Child Support, Alimony** | **All Other Incomes** |
| --- | --- | --- | --- | --- |
| **Adults – Full Name**List the full name of each household member who is living with you and shares income and expenses. Enter all income(s) in whole dollars. If zero income write 0. Include any college students temporarily away. | Gross pay before taxes (not take-home pay) | Weekly | Every two weeks | Twice per month | Monthly | Annual | Net Income after business expenses.State if annual or monthly. | Payments received | Weekly | Every two weeks | Twice per month | Monthly | Pension, retirement, disability, unemployment, Veterans benefits, etc. | Weekly | Every two weeks | Twice per month | Monthly |
|  | $ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | $ | $ | ⭘ | ⭘ | ⭘ | ⭘ | $ | ⭘ | ⭘ | ⭘ | ⭘ |
|  | $ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | $ | $ | ⭘ | ⭘ | ⭘ | ⭘ | $ | ⭘ | ⭘ | ⭘ | ⭘ |
|  | $ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | $ | $ | ⭘ | ⭘ | ⭘ | ⭘ | $ | ⭘ | ⭘ | ⭘ | ⭘ |

**C.** Last four digits of signer’s Social Security Number (SSN) or no SSN (required): X X X–X X–[ ] [ ] [ ] [ ]  or [ ]  I don’t have an SSN.

4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

**Signature of adult household member (required)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Sponsor Use Only—Do Not Write Below**Approved: [ ]  A—Foster [ ]  A—Case Number [ ]  A—Income [ ]  B—Income [ ]  C Total Household Members: \_\_\_\_\_\_ Total Income: $\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_Effective Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_ |
| --- |