

# COMMUNITY UNIT SCHOOL DISTRICT



## Application for Fee Waiver 2020-2021 School Year

(One application per family - Please apply at your oldest child's school)

| Names of All Students | Grade | School | I.D. Number |
|-----------------------|-------|--------|-------------|
|                       |       |        |             |
|                       |       |        |             |
|                       |       |        |             |
|                       |       |        |             |
|                       |       |        |             |
|                       |       |        |             |

PLEASE LIST TOTAL HOUSEHOLD MEMBERS AND GROSS INCOME (BEFORE DEDUCTIONS) – YOU MUST INDICATE AMOUNT AND FREQUENCY  
(Weekly, Every Two Weeks, Twice a Month, Monthly, or Yearly)

| Names of <u>ALL</u> Household Members | Earnings from Work (before deductions) |           | Welfare Child Support, Alimony |           | Pensions, Retirement, Social Security |           | Workers Comp. Unemployment, SSI. Etc. |           |
|---------------------------------------|--|-----------|--------------------------------|-----------|---------------------------------------|-----------|---------------------------------------|-----------|
|                                       | Amount                                 | Frequency | Amount                         | Frequency | Amount                                | Frequency | Amount                                | Frequency |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |
|                                       | \$                                     |           | \$                             |           | \$                                    |           | \$                                    |           |

**FOLLOWING INFORMATION MUST BE PROVIDED, ALONG WITH VERIFICATION OF INCOME.**

TOTAL NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_ (Please see instructions on back of form)  
 CURRENT PAY STUB/S (within the last month) - Gross Amount: \_\_\_\_\_ (Please attach pay stub/s)  
 SNAP OR TANF NUMBER/S (IF APPLICABLE): \_\_\_\_\_ (Please attach letter/s from state)

\_\_\_\_\_

Date
Printed Name of Adult Completing Application
Signature

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Email address
Home address
Daytime (cell) contact number

**For Office Use Only:** Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income \_\_\_\_\_ Frequency:  Week,  Every 2 Weeks,  Twice a Month,  Month,  Yearly

Household Size: \_\_\_\_\_ School's Eligibility Determination:  Free  Reduced  Denied

DATE: \_\_\_\_\_ DETERMINING OFFICIAL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Please share information with other schools if applicable

## Instructions for Applying for District Fee Waiver – Form 6191

If you received a letter from CUSD 200 by July 25th of this school year stating that your student is identified by the state as directly certified for NSLP benefits, you do not need to complete this waiver application. Each eligible student will receive a separate letter. Directly certified students are automatically eligible for book and fee waivers.

### For all others:

**STEP 1 – Verification of dependents:** List the names of all students, their grades, school and I.D. number. List all parent(s)/guardian(s) and legal dependents living in the household. Attach copy(ies) of pg. 1 Form 1040 – U.S. Individual Income Tax Return showing claim of dependents; OR insurance card listing all family members covered; OR a signed and notarized affidavit attesting to the family members living in the household. For single parent households, if the student(s)/children listed are not listed on that parent's Form 1040, a court order supporting the parent's claim, or other verification of dependents deemed acceptable by the District, must be presented as verification of dependents.

**STEP 2 – Verification of income:** List ALL GROSS income (see definition) of EVERY adult person in household under the appropriate column. **VERIFICATION OF INCOME MUST BE INCLUDED:** Attach copies of one or more type(s) of Acceptable Documentation to verify reported information.

### Acceptable Documentation to Attach:

#### Earning/Wages/Salary for each job:

- Two most recent paycheck stubs that show pay frequency and amount for each working adult member of the household;
- Letter from employer stating gross wages and frequency of pay; or
- If self-employed, business papers, such as ledger or tax books, or most recent tax statement showing income from self-employment MUST be presented. Without income verification, you may be required to submit a notarized affidavit attesting to income.

#### Unemployment Compensation/Disability/or Worker's Compensation

- Notice of eligibility from State Employment Security Office;
- Check stub of compensation; or
- Letter from Worker's Compensation.

#### Social Security/Pensions/Retirement/VA Benefits/Strike Benefits:

- Social Security retirement benefit letter;
- Statement of Supplement Security benefits (SS) received for each person;
- Pension award letter; or
- Veterans Affairs benefit letter/Union Strike benefit letter.

#### Child Support/Alimony:

- Court decree, agreement, or copies of checks received.

#### All other income:

- Include regular contributions from people who do not live in your household; or
- If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received.

#### No Income:

- If you have no income, send a brief note explaining how you provide food, clothing and housing for your household. You may be required to submit a notarized affidavit attesting to "0" income.

**STEP 3.** Complete the required information, date and sign and return the application to **your student's school**.

**CATEGORICALLY ELIGIBLE** – If the student is homeless, migrant, runaway, or has been placed by the Department of Children and Family Services with a foster parent or placed in another type of child care facility, please state this information on the application form in lieu of providing the requested financial information. If the student has been placed by the Department of Children and Family Services with a foster parent or in another child care facility, documentation must be attached to the application verifying the student's status.

If your household receives SNAP or TANF and you did **NOT** receive a letter from CUSD 200 showing Direct Certification by July 25th of each school year, list all household members and submit a copy of each student's current SNAP or TANF certification letter from the state.

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).

**GROSS INCOME IS DEFINED AS FOLLOWS:** Any monies BEFORE ANY DEDUCTIONS such as Social Security, income taxes, taxes, insurance premiums, charitable contributions, and bonds. Gross Income includes the following: (1) monetary compensation for services, including wages, salary, commissions, or fees; (2) Social Security; (3) public assistance or welfare payments; (4) unemployment compensation; (5) alimony or child support payments; (6) government civilian employee or military retirement or pensions or veteran payments; (7) net rental income; (8) dividends or interest on savings or bonds or income from estates or trusts; (9) regular contributions from persons not living in the household, and (10) other cash income.