

**2022 - 2023 Household Income Data Collection Form  
KIPP Bridge Upper – Oakland Unified School District**

**PART I: Fill in information for your dependent child(ren) living in your household**

Student's Last Name	Student's First Name	PowerSchool ID (if applicable)	Birth Date	Grade Level
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**PART II: Fill in Household Size and Household Income**

Select your household size. Then, based on your household size, select the range that indicates your total annual household income. **CHECK ONLY ONE BOX. Do not check more than one income category.**

For help in determining your household size and total annual household income, please see instructions on the back of this form.

1. Total number of people in household	2. For your household size, select the range that indicates your total annual income for all people in your household.		
2 _____	<input type="checkbox"/> \$0 - \$23,803	<input type="checkbox"/> \$23,804 - \$33,874	<input type="checkbox"/> more than \$33,874
3 _____	<input type="checkbox"/> \$0 - \$29,939	<input type="checkbox"/> \$29,940 - \$42,606	<input type="checkbox"/> more than \$42,606
4 _____	<input type="checkbox"/> \$0 - \$36,075	<input type="checkbox"/> \$36,076 - \$51,338	<input type="checkbox"/> more than \$51,338
5 _____	<input type="checkbox"/> \$0 - \$42,211	<input type="checkbox"/> \$42,212 - \$60,070	<input type="checkbox"/> more than \$60,070
6 _____	<input type="checkbox"/> \$0 - \$48,347	<input type="checkbox"/> \$48,348 - \$68,802	<input type="checkbox"/> more than \$68,802
7 _____	<input type="checkbox"/> \$0 - \$54,483	<input type="checkbox"/> \$54,484 - \$77,534	<input type="checkbox"/> more than \$77,534
8 _____	<input type="checkbox"/> \$0 - \$60,619	<input type="checkbox"/> \$60,620 - \$86,266	<input type="checkbox"/> more than \$86,266

**For each additional household member, add the amount below, then circle the correct income range.**

\$6,136

\$8,732

**PART III: Signature**

*I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.*

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Parent or Guardian

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

### **Who should I include in “Household Size”?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

**What is included in “Annual Household Income”?** Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

### **How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?**

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <https://www.fns.usda.gov/cn/guidance-and-resources>.**

#### **FOR OFFICE USE ONLY**

If a KIPP staff member called the Parent/Legal Guardian and the Parent/Legal Guardian verbally consented to the information on this form over the phone, the KIPP staff member will sign for the parent on page 1 and fill out the information below.

\_\_\_\_\_

KIPP Staff Member Signature

Date and Time

Printed Full Name of Parent or Guardian to  
Grant Verbal Consent