

**Matteson School District 162
Application for Fee Waiver
2019-20 School Year**

Matteson School District will waive school fees if a household qualifies under federal income guidelines.

Only one application is needed per household. Verification of income is required.

Please complete the information and return application with supporting documentation to the following address:

Matteson SD 162 ATTN: Fee Waiver Application 4601 Sauk Trail Richton Park, IL 60471

SECTION A

Name of children in household	Name of school child attends
1.	
2.	
3.	
4.	
5.	

SECTION B

CATEGORICAL ELIBILITY

Household receives SNAP or TANF: Yes **Must provide official documentation.**
 Household provides Foster Placement: Yes **Must provide official documentation.**

***WE DO NOT ACCEPT THE STATE MEDICAL CARD AS PROOF OF ELIGIBILITY**

If household qualifies under Section B Categorical Eligibility, then proceed to Section D.

SECTION C

INCOME ELIGIBILITY

PLEASE LIST ALL ADULT HOUSEHOLD MEMBERS AND GROSS INCOME (BEFORE DEDUCTIONS)

STATE THE AMOUNT AND HOW OFTEN PAY IS RECEIVED (Weekly, Every Two Weeks, Twice a Month, Monthly, Yearly)

Name of Adult Household Member	Earnings from Work		Welfare, Child Support, Alimony		Social Security, Retirement, Pension		Workers Comp, Unemployment, SSI	
	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

Please provide supporting documentation to verify income. Types of documentation include, but are not limited to:

- 2018 1040 Tax Return AND Two Current Paystubs
- Social Security Income/Disability Statement
- Unemployment Statement
- Retirement, Child Support, or Work Comp Statement

SECTION D

Certification: I certify that all information on this application is true and correct and that all household income has been reported. I understand that school officials may verify all of the information contained within this application. **I am aware that supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6).**

_____/_____
Signature of Parent/Guardian Date

FOR OFFICE USE	
Approved	Declined