

REQUIRED DOCUMENTATION AND PROCEDURE (check off documents attached to application)

- Provide most recent IRS 1040 Form and all supporting schedules. If IRS 1040 Form is more than 6 months old, also include copies of most recent pay stubs for all household incomes.
- Attach copies of supporting documentation (copy of divorce decree) pertaining to child support and alimony.
- Send copies of unemployment and paycheck stubs to support changes that have occurred since most recent tax filing.
- Copy of Transitional Assistance Benefits Letter
- Any other documentation that supports this request for financial assistance

Failure to provide proof of all income will result in a delay in processing this request.
DO NOT SEND ORIGINALS: they cannot be returned.
All documentation is treated confidentially and details are not shared with any other offices or departments.
All documents are destroyed after four years.

First Name and Initial	Last Name	Home Phone	Address
Other Parent /Guardian First Name	Last Name	Home Phone	Address

1a Check off Adults in Household:

- Yourself Spouse/civil union/partner
 Other Name: _____ Relationship: _____ Enter total adults claimed on tax return...

1b List all Dependents living with you:

First Name	Last Name	Relationship To Self	Grade	Club/Sport/ Field Trip

Total number of Dependents claimed by you on your tax return listed in 1b

Note: This line should tie to line 6d, form 1040 of most recent tax return .



Total number claimed by you on your tax return listed in 1a and 1b above.....

2a Yearly Income supporting child(ren):

Enter Whole Dollars

- Gross yearly Wages
- Social Security Death Benefit
- Disability Benefit
- If deceased – date of death

Mother	Father	Step Mother	Step Father	Other	Totals
					\$

2b Other yearly income

- TANF or Food Stamp #: _____
- Child Support.....
- Alimony.....
- SSI benefits.....
- Other income – List Source(s): _____

Total Gross Family Income from 2a and 2b

An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose assistance.

Sign here: X _____ Print name: _____ Date: _____

SEND TO:	Director of Finance & Operations, Lincoln-Sudbury Regional High School, 390 Lincoln Road, Sudbury, MA 01776
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