

## WINSLOW TOWNSHIP PRESCHOOL PROGRAM INCOME ELIGIBILITY FORM

### PART ONE

STUDENT NAME	School (Student will Attend) Circle One	Foster Child Check (If applicable)
1. _____	1 2 3 4	_____
2. _____	1 2 3 4	_____
3. _____	1 2 3 4	_____

### PART TWO

#### ASSISTANCE PROGRAMS:

**SNAP, TANF:** PROVIDE CURRENT CARD AND/OR THE CURRENT APPROVED LETTER FROM THE STATE. **CHECK** \_\_\_\_\_

**FOSTERCHILD:** LETTER—RESOUCCE FAMILY PARENT INDENTIFICATION LETTER FROM THE STATE. **CHECK** \_\_\_\_\_

### PART THREE

#### INCOME INFORMATION: ALL DOCUMENTS MUST BE CURRENT

LIST ALL HOUSEHOLD MEMBERS (ADULTS & CHILDREN)

	NAME	NO INCOME	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**PART FOUR** (I certify (promise) that all information on this application is true and that all income is reported. I understand that if I purposely give false information, my child(ren) may not be eligible for participation in the Winslow Township School District preschool program).

SIGN \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ (HOME) (CELL)

### PART FIVE (SCHOOL USE ONLY)

APPROVED \_\_\_\_\_ DENDIED \_\_\_\_\_ INCOMPLETE \_\_\_\_\_ MISSED DEADLINE \_\_\_\_\_

**Required Documents:**

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**WINSLOW TOWNSHIP PRESCHOOL PROGRAM  
INSTRUCTIONS FOR INCOME ELIGIBILITY FORM**

**PART ONE**

1. List all students you wish to register for Preschool.
2. Circle which school they will be attending.
3. If applicable, check if the student is a Foster Child.

**PART TWO**

Documentation from Assistance Programs such as SNAP or TANF. If this applies to your Family, please check the appropriate category and provide documentation that supports this claim, **current information only**.

Acceptable Documentation is as follows for each category:

**SNAP/TANF** – Certification Notice letter from SNAP or TANF, Family First Card or NJ SNAP Photo ID Card

**FOSTER CHILD** – Documentation letter verifying legal responsibility.

If you have **completed** this part, skip **Part Three** and go to **Part Four**.  
If this part **does not** apply to your Family, please go to **Part Three**.

**PART THREE**

Provide your current gross income information (Income before Taxes/Deductions). Please list all family members or other people who are living in your household, including the child(ren) listed in Part One. Then state how much money they make in the chart under the appropriate column. For example, if you make \$100 a week. You would write \$100 under “Weekly”. If they make no income, then check the column under “No Income.” Reportable Income are listed below:

1. Earnings from Work
2. Welfare, Child Support, Alimony
3. Pensions, Retirement, Social Security, Veteran’s Payments
4. All other income, including Unemployment and Disability Payments

Acceptable Documentation to provide for Income:

Pay Stubs, 1040 for Self-Employed, Any Current Statements/Letters, and Award Notice of Benefits Received

**Note:** If you work for a company and do not receive a pay stub, please have the Owner of the Company write a letter on your behalf. It should state the following:

1. The letter should be on Company Letterhead
2. Name of Individual receiving Income
3. The Gross Amount received
4. The frequency of payments, i.e. weekly, bi-weekly
5. The letter should be dated and signed by owner.

**PART FOUR**

Please sign this form and provide your address and telephone number so that we can contact you for additional concerns. This means you certify that the appropriate verification documents are provided as outlined in the income eligibility form is correct. You will be notified of approval or denial once your application is reviewed.