

Hobgood Charter School requires all applicants for the HCS free lunch program to provide reasonable proof of income eligibility. The income guidelines are as follows.

Your combined household gross income (before taxes are taken out) must fall below the incomes to qualify for free lunch per federal guidelines. The guidelines are listed below.

Household size	Combined Annual Income
1	\$15,782
2	\$21,398
3	\$27,014
4	\$32,630
5	\$38,246
6	\$43,862
7	\$49,478
8	\$55,094



Proof of eligibility is due no later than 3 PM on 9/4/19. You may turn into the school office in person or by mail. Hobgood Charter's mailing address is 201 S Beech Street, Hobgood, NC 27843.

Acceptable documentation papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the administering office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that. If you have questions or need help, please call Hobgood Charter at 252-242-1880. You may also e-mail us at Hobgoodcharter@gmail.com

You do not have to provide this information, but if you do not, we cannot approve your child for free meals. We will use your information to determine if your child is eligible for free meals, and for administration and enforcement of the lunch program.

Small. Safe. Strong.



HOBGOOD CHARTER SCHOOL

Hobgood Charter School Free Lunch Income Verification Form

Parent or Guardian Name _____

Number of people in your household _____

Please list each child currently enrolled in Hobgood Charter only

Name of child enrolled _____ **Grade Level of Child** _____

Name of child enrolled _____ **Grade Level of Child** _____

Name of child enrolled _____ **Grade Level of Child** _____

Name of child enrolled _____ **Grade Level of Child** _____

Name of child enrolled _____ **Grade Level of Child** _____

You must include an acceptable document or documents from the list provided by HCS with this form. This documentation is to serve as proof that your family qualifies per the income guidelines as posted by HCS for the free lunch program. If you do not submit proper documentation, you will not be able to qualify.

By signing below, I certify all information provided is true and correct to the best of my knowledge. I further certify that my total household income falls below the posted guidelines for the HCS free lunch program.

Signature of Parent or Guardian _____ **Date** _____