

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2015-16 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). *or*
- The household includes foster children (a welfare agency or court has legal responsibility for the child). *or*
- The total income of household members is within the guidelines shown below (gross earnings, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2015 through June 30, 2016.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

### Step 1 Children

List all children living in the household, their birthdate and, if applicable, their grade and school. Fill in the circle if a child is in foster care. Attach an additional page if necessary. Providing racial/ethnic information for each child is optional; this information helps to make sure we are fully serving our community.

**Step 2 Case Number** Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

### Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

Regular earnings to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.

Social Security number – The person signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Adults / Incomes – List all adults living in the household, whether related or not (such as grandparents, other relatives, or friends). Include any adult who is temporarily away, such as a student away at college. Attach an additional page if necessary.

- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For farm or self-employment income only, list net income after subtracting business expenses.
- For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received.

**Step 4** If you do *not* want Information to be shared with state health insurance programs, check the box.

**Step 5 Signature and Contact Information** An adult household member must sign the form.