Iowa Eligibility Application FFY 22-23 Complete one application per household. Fiscal Year 2022-2023													
Part 1. Check all applicable boxes:	☐ school meals ☐ special milk (res	☐ children in child care center ☐ Tier I hame provider (HP)							children in child care home (HP) Provider name:				
Part 2. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.													
Part 3. FIP or SNAP Eligible: Enter the FIP or SNAP Case Number for ANY household member as listed in the Notice of digits, include zeros). NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5. Name of household member with Case Number List Case Number													
Part 4. Children enrolled: REQUIRED OF ALL APPLICANTS.													
List name(s) of all enrolled child(ren) in your household.			Ethnicity: H=Hispanic or Latino N=Not Hispanic or Latino I = American Indian or Alaska Native W=White Completing ethnicity & race is voluntary										
			· · · · · · · · · · · · · · · · · · ·							voluntary			
Last Name	First Name	Middle Name or Initial	Check box for Date of FOSTER Birth child			Grade ETHI		OPTIONAL INICITY RACE		Name of School/Head Start/ Child Care Center/Home			
1.	-							_	-				
2.	-												
3.													
4.													
5.													
Part 5. Total Household Gross Income: DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR SNAP NUMBER IN PART 3. Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.													
List the names of <u>everyone</u> living in your household, including the child Attach a separate page if more space is needed. For FOSTER child money available for child's personal use or child's own inc				dren, include only		Gross Income: Report incor often the household memb							
Last Name	First Nam	е	Age N	heck if O come	Gros amou earn week	unt a ned 6 kly	Gross amount earned every weeks	Gross amour earne twice a mon	nt amount d earned monthly	support,	Pension, retirement, social security, SSI, VA benefits	All other income	
1.													
2.				$\overline{\Box}$									
3.	-			П									
4.				$\overline{\Box}$									
				$\overline{}$									
Last four digits of my Social Security Number: X XX - X X													
Part 6. Certification and Signature. REQUIRED OF ALL APPLICANTS. I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult Completing Form													
Signature of Adult Completing Form Printed Name of Adult Completing Form Date Signed													
Address of Adult Completing Form Town				ZIP C			ode Work Phone			Home Phone Cell Phone			
Part 7. TO BE COMPLTED BY CENTER STAFF.													
Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12 Household Income: \$													
Application Approved: Eligibility	☐ Head Start DOCUMENTATION REC			ÙIRED □ Hor			P/SNAP meless/Migrant/Runaway chools only)			CACFP HP ONLY: ☐ Tier 1 Area (Provider's own children)			
Determination: Application Denied:	☐ Free Meals ☐ Incomplete	☐ Reduced Pric☐ Over income								☐ Tier 1 Income (All children) ☐ Tier 1 Child (Tier 2 mixed)			
	Determini	ng Official Signa	ture					-	_	Effective Da	ate		

Self-Employment Income Worksheet: This worksheet will help you calculate the amount to report if you farm, are self employed, or have income from other sources.

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for meal benefits. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for <u>personal</u> expenses such as medical expenses and other non-business deductions are <u>not</u> allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this Application, it is not possible to have a negative income. The **least self-employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for Tier 1 meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced-price eligibility. Wages paid to a spouse or other family or household member in the operation of a farm or private business must be shown as household income in Part 5 of this Application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return – Form 1040 or 1040-SR including Schedule 1 (Additional Income and Adjustments to Income). Complete the identified lines from Form 1040 or Form 1040-SR and Schedule 1.

Capital gain or (loss): Form 1040 or 1040-SR, Line 7		\$
Business income or (loss): Schedule 1 Part 1, Line 3		\$
Other gains or (losses): Schedule 1 Part 1, Line 4		\$
Rental real estate, royalties, partnerships, S corporations, trusts, etc.: Schedule 1 Part 1, Line 5		\$
Farm income or (loss): Schedule 1 Part 1, Line 6		\$
	*Total =	\$

^{*}The least income possible is zero (a negative number cannot be reported).

^{*}Enter amount in the "All other Income" column in Part 5 on the front of this Application.