



Maritime Academy Charter School

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Maritime Academy Charter School HOUSEHOLD SURVEY

2020-2021 School Year

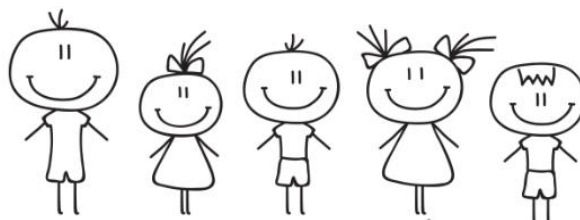
PLEASE COMPLETE THE ATTACHED HOUSEHOLD SURVEY*

We need everyone to return this survey in order for the survey to be considered valid.

**THIS WILL HELP OUR SCHOOL EARN CASH
FOR:**

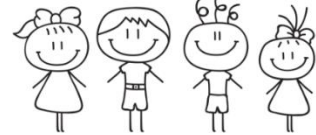
- Telecommunications
- School Lunch Program
- Technology
- Maintenance

**This information will remain confidential and will be reported only as a total group, not by individual families.*



Survey Number: _____
 [For School Use Only]

Household Survey Fall 2020/Winter 2021¹
 Please complete and return to the school office as soon as possible.



Address: _____ City _____ ST _____ Zip _____

Circle your household size (# of persons living at the above address), then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,249	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each add'l family member add:	8,288	691	346	319	160

- Is your income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____
- Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes _____ No _____ Don't know _____
- Does your family qualify for medical assistance under Medicaid? Yes _____ No _____
- Is your family receiving Supplementary Security Income (SSI)? Yes _____ No _____
- Does your family receive housing assistance (section 8)? Yes _____ No _____
- Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in for this fall (2020). Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2020

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2020 to June 30, 2021 (Federal Register/ Vol.85, No. 55/ Friday, March 20, 2020/ Notices, pg. 10650-10653)