PEABODY PUBLIC SCHOOLS

27 Lowell Street-Peabody, MA 01960 Attn: Business Office

FINANCIAL HARDSHIP APPLICATION

School Year 2018-2019

Peabody Public Schools charges a fee for bus transportation for students who do not meet distance eligibility, However, if you qualify for financial hardship, your child may ride the bus at a reduced cost or free. To qualify for the reduction of the fee, you must complete this financial hardship application and return it to the Business Office with your documentation. **An incomplete application will not be approved.**

Student Name:		,		
Please print clearly			A 4 44	
Address:			Apt #	
Telephone:	School:		Grade:	
NAMES OF HOUSEHOLD MEMBERS	Monthly Income	Any Other Income	Total Monthly Income	
1				
2				
3				
4				
5				
6	<u> </u>			
VERIFICATION				
Your eligibility to receive a reduced fee will with this application. If not supplied you will	be verified. You are r I not be eligible for a red	equired to s uced fee.	submit proof of income	
a. Current Food Stamp or TANF Ce b. Letter from Welfare Office that sa 3. If you do not receive Food Stamps or household income and send pay stubs or of papers you send must show the name of the how much was received and how often	ays you receive Food Sta TANF for your child, co other papers that show y he person who received	amps or TANF omplete the ap our household's	pplication with information on s current income. The	
ACCEPTABLE PAPERS INCLUDE Jobs: Two to three current paycheck ST Social Security, Pensions, or Retirement received, pension award notice or copy of Unemployment, Disability, or Worker's Office or letter from Workers' Compensation Welfare: Benefit letter from welfare agent Child Support or Alimony: Court decree Other income: (such as rental income): and date received.	rUBS that show incoment: Social Security retire checks. Comp: Check stub or non non control or copies of checks re	ement benefit otice of eligib eceived	letter, statement of benefits ility from State Employment	
CONFIDENTIALITY:				
The information on your applications will be for the sole purpose of determining eligibility	e kept in the strictest cor ity for reduced or free tra	nfidence. The a Insportation.	pplication will be used	
I certify that all of the above information is	true and correct and tha	t all income is r	reported.	
Parent signature:	Date:			