

PEABODY PUBLIC SCHOOLS
27 Lowell Street-Peabody, MA 01960

FINANCIAL HARDSHIP APPLICATION

If you qualify for financial hardship, your child may ride the bus at a reduced cost or free. To receive the reduction of the fee, you must complete this financial hardship application and return it to the Buisenss Office with your documentation. **AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

Student Name: _____

Please print clearly

Address: _____ Apt # _____

Telephone: _____ School _____ Grade: _____

NAMES OF HOUSEHOLD MEMBERS	Monthly Income	Any Other Income	Total Monthly Income
1			
2			
3			
4			
5			
6			

VERIFICATION

Your eligibility to receive a free or reduced fee will be verified. **You are required to submit proof of income with this application.** If not supplied you will not be eligible for a free or reduced fee.

WHAT YOU NEED TO SEND

1. If your child is a Foster Child, send us official documentation from the agency sponsoring the child.
2. If you receive Food Stamps or TANF for your child, send us a copy of one of these:
 - a. Current Food Stamp or TANF Certification Notice that shows dates of certification or
 - b. Letter from Welfare Office that says you receive Food Stamps or TANF
3. If you do not receive Food Stamps or TANF for your child, complete the application with information on household income and send pay stubs or other papers that show your household's current income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received and **how often** it is received.

ACCEPTABLE PAPERS INCLUDE

- * **Employment:** Two to three current paycheck stubs that shows how often pay is received.
- * **Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, pension award notice or copy of checks.
- * **Unemployment, Disability, or Worker's Comp:** Check stub or notice of eligibility from State Employment Office or letter from Workers' Compensation
- * **Welfare:** Benefit letter from welfare agency
- * **Child Support or Alimony:** Court decree or copies of checks received
- * **Other income:** (such as rental income): Information that shows the amount of income received, how often and date received.

CONFIDENTIALITY:

The information on your applications will be kept in the strictest confidence. The application will be used for the sole purpose of determining eligibility for reduced or free transportation.

I certify that all of the above information is true and correct and that all income is reported.

Parent signature: _____ Date: _____