

Check one box: Summer Fall Winter Spring

Year _____

Name _____
Last First MI

Student identification number

--	--	--	--	--	--	--	--	--	--

Check the number of family members in your household and your monthly **combined** family income.
Incomplete forms will be returned.

2011-2012 INCOME THRESHOLDS	
Family Members in Your Household	Monthly Combined Family Income
<input type="checkbox"/> 1	<input type="checkbox"/> \$1,316
<input type="checkbox"/> 2	<input type="checkbox"/> \$2,228
<input type="checkbox"/> 3	<input type="checkbox"/> \$2,609
<input type="checkbox"/> 4	<input type="checkbox"/> \$2,903
<input type="checkbox"/> 5	<input type="checkbox"/> \$3,053
<input type="checkbox"/> 6	<input type="checkbox"/> \$3,486
<input type="checkbox"/> 7	<input type="checkbox"/> \$3,780
<input type="checkbox"/> 8	<input type="checkbox"/> \$4,072
<input type="checkbox"/> 9	<input type="checkbox"/> \$4,362
<input type="checkbox"/> 10 or more	<input type="checkbox"/> \$4,654

To be eligible for a tuition waiver for ABE, College Prep, ESL, GED or HSC classes, I certify that my monthly combined family income (**include spouse if married**) is less than or does not exceed the figure indicated on the chart.

1. I agree to attend a minimum of 80% of my contracted hours shown on the registration form. Failure to do this may jeopardize my future eligibility for funding.
2. I hereby authorize my employer, my DSHS case manager/child care coordinator, Employment Security Department, Division of Child Support and Community Colleges of Spokane to release and exchange information from my records for the purposes of determining eligibility for funding and facilitating my enrollment and participation.
3. I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties in Washington state law (RCW 74.08.555).
4. I certify that I meet the criteria outlined above and do not have the ability to pay.
5. I agree to provide income documentation to support my answers in the event my file is audited.

Student signature _____ Date _____
Use pen

Signature verified by _____ Date _____
instructor/intake person Print name – use pen

Intake notes on student situation or zero income:
