

**Mesa Public Schools
FINANCIAL QUESTIONNAIRE
FOR WAIVER/REDUCTION OF STUDENT FEE OR MATERIAL USAGE CHARGE**

Note: The questions in this Financial Questionnaire apply to all adult members of the student's household, including the parent, stepparent, and any other adult who directly or indirectly provides financial support for the student, regardless of whether the adult lives with the student.

Name _____

Names of other adult members of household _____

Student's Name _____

STATEMENT OF INCOME AND EXPENSES

ASSISTANCE: I (or other members of the household, if any) receive assistance from:

- | | |
|---|---|
| <input type="checkbox"/> AHCCCS | <input type="checkbox"/> Free/Reduced Lunch |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> AFDC |
| <input type="checkbox"/> SSI (Disability) | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> WIC (Food Stamps) | |
| <input type="checkbox"/> Other (explain): _____ | |

MONTHLY INCOME: My household's combined monthly income is: \$ _____

Employer(s) : _____

Monthly gross income: \$ _____

Other current monthly income, including child support, spousal maintenance, retirement, rental property, interest, pensions (explain amount and source): \$ _____

Explain: _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____

Explain: _____

Other payments & debts \$ _____

Explain: _____

TOTAL MONTHLY PAYMENTS \$ _____

STATEMENT OF ASSETS: Equity is defined as market value minus any liens or loans. List only those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and Bank Accounts	\$ _____
Credit Union Accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
4. Other (stocks, bonds, etc.)	\$ _____
TOTAL ASSETS	\$ _____

EXTRAORDINARY EXPENSES: Other facts that support this application are: (For example, describe and provide proof of unusual medical needs, financial hardship, costs of care of elderly or disabled family members, etc.)

DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES	\$ _____

I hereby certify and warrant the truth and accuracy of the above information and authorize the school, or investigative agency engaged by the school, to obtain information concerning my credit and financial responsibility.

Signature _____

Date _____