PCSST Household Information Survey SY 2025-2026

Please complete, sign, and return this form to your child's school.

Part A. Household Members

Fill in the information for every person living in your household (adults & children). For help determining who should be included in the household, see instructions on the second page.

	List all who live in the household: Names *(Last Name, First Name)*	Date of Birth XX-XX-XXXX	Name of School the Student Attends (If applicable)	Grade Level	Student Information (mark as applicable)			
					Migrant	Homeless	Foster	In head Start
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

*If household size is greater than 8, list additional household members on a separate paper, and follow special Instructions In Part C.

Part B. Benefits Received (If applicable)

1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es): □**FDPIR** □**TANF** □**SNAP**

2) If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.

Name: _____ **Case #:** _____

Part C. Household Size and Gross Income (before deductions). For help determining your annual Income, see page 2 of the survey.

- Households with 8 or fewer people: Check a box below for the Annual Income Range that reflects your total annual household income.
- If Household Size is greater than 8, DO NOT check an income range, but follow the special instructions below boxes 1 through 17.

Annual **Household Income Ranges**

1. □ $0 – $19,578	5. □ $33,567 –$37,814	9. □ $47,768 - $54,548	13.□ $54,674 - $68,536
2. □ $19,579 - $26,572	6. □ $37,815 - $40,560	10. □ $54,549 - $57,720	14.□ $68,537 - $77,626
3. □ $26,573 - $27,861	7. □ $40,561 - $47,554	11. □ $57,721 - $61,542	15.□ $77,627 - $87,579
4. □ $27,862 - $33,566	8. □ $47,555 - $47,767	12. □ $61,543 - $67,673	16.□ $87,580 - $97,532
			17.□ $97,533 +

- Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in the items below:

Household size (# people): _____ Total annual income: $_____

Part D: Certification - The head of household or adult designee who completed this form must complete this certification section. I certify (promise) that all Information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may Impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Last Four (4) Digits of Sodal Security Number (Optional): XXX-XX-__-__-__-__ (may be used to verify the accuracy of the information provided)

Address: _____ City: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Email (optional): _____

Do NOT fill out this section. This is for school use only.

Status: F: □ **R:** □ **N:** □

Reason for Ineligibility :

Determining Official`s Signature: _____ **Date:** _____

Confirming Official`s Signature: _____ **Date:** _____

PCSST Household Information Survey

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children, and they pay a share of the expenses) do not include them.

Part B: What are benefits received?

- **TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- **SNAP:** Supplemental Nutrition Assistance Program (formerly food stamps)
- **FDPIR:** Food Distribution Program on Indian Reservations
- **Summer EBT**

Part C: What Is Included In "Annual Household Income"?

Annual Household Income Includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross Income is the amount earned before taxes and other deductions. This Information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental Income.
- **Welfare, Child Support,** Alimony: Include the total amount everyone in your household receives from these sources. Do *not* include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits)., and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker's compensation, unemployment or strike, benefits, rental Income, interest and dividends, regular contributions received *from* others who do not live in your household, and any other income received. Do *not* include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do *not* Include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLV if It Is received on a regular basis.

How do I calculate total household Income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

1) Annualize pay *for* each source of Income based on the above definitions for every household member.
   a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 x weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 x bi-weekly gross (not take-home income)
Twice per Month	= 24 x gross (not take-home) amount received twice per month
Monthly	= 12 x monthly gross (not take-home) Income

2) Add together the annualized pay from every person In the household for the total annual household income for Part C.
3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your Income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make $1,000 each month, but you missed some work last month and made $900, use $1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced Income.

Addition.al information about this survey Is available at: http://www.nj.gov/education/finance/cep/