CRETE-MONEE SCHOOL DISTRICT 201-U
District Fee Waiver/Reduction
Application Process
2016 – 2017 School Year

Effective with the 2016-2017 School Year, Crete-Monee School District 201-U parents seeking financial assistance will be required to complete the attached application and provide supporting documentation of family size and income. Applications will be reviewed by District Administration and a response will be sent within thirty (30) days of receipt of the completed application.

Documentation Required:

1. A complete application for Fee Waiver/Reduction

2. Page 1 of **Form 1040, 1040A, 1040EZ – 2015 Federal Income Tax Return** with either (a) the electronic filing certificate or (b) page 2 of the Form with appropriate signatures.

   OR

   If no return was filed, a **Verification of Nonfiling** must be provided (to obtain a Verification of Nonfiling, complete Form 4506-T and submit it directly to the IRS.) Copies of Form 4506-T are available during registration, on the district website, or via the IRS website. You will also be required to submit a notarized affidavit attesting to the number of family members in the household and that there is no income in the household.

If you received a letter from our food service department by July 22nd of this school year stating that your student is identified by the State as **direct certification** status, student fees are automatically waived. If the student is **homeless or has foster child status**, please state this information on the application and provide supporting documentation. Completed applications may be deposited in the drop box outside of the Administration Office located at 1500 Sangamon, Crete, IL 60417.

The Application for Fee Waiver **will not** affect the process of applying for free or reduced meals through the National School Lunch Program. A separate application is still required for free or reduced meals.

Questions or concerns may be directed to the Assistant Superintendent for Business at 708.367.8320 or via email at williamsa@cm201u.org.

Yours in Education,

Dr. Ann Williams

Dr. Ann C. Williams
Assistant Superintendent-Business
Chief School Business Official

Crete-Monee School District 201-U

2016-2017 Application for Fee Waiver/Reduction

Parent/Guardian Name (please print) _____

Last Name First Name

_____	_____	_____	_____
Student's Name (please print)	School	Student's Name (please print)	School
_____	_____	_____	_____
Student's Name (please print)	School	Student's Name (please print)	School
_____	_____	_____	_____
Student's Name (please print)	School	Student's Name (please print)	School

Please list **all household members** and **gross Income (before deductions**) – You must state how much and how often (weekly, every two weeks, twice a month, monthly, yearly)

Names of **ALL** Household Members	Last Four Digits of Social Security Number	Gross Income from ALL Sources (before deductions)	
		Amount	How Often
	XXX-XX-	$ -	
	XXX-XX-	$ -	
	XXX-XX-	$ -	
	XXX-XX-	$ -	
	XXX-XX-	$ -	

Crete-Monee School District 201-U also requires the following information be submitted:

Page 1 of Form 1040, 1040A, 1040EZ – 2015 Federal Income Tax Return with either (a) the electronic filing certificate or (b) page 2 of the Form with appropriate signatures.

OR

An IRS issued Verification of Non-filing (see instructions on other side of this page) and a notarized affidavit attesting to the number of family members in the household and that there is no income in the household.

I have reviewed the District's policy and understand that supplying false information to obtain a fee waiver is a Class 4 felony (IRS Ch. 38, para. 17-6). Further, I attest that the statements made herein are true and correct.

Signature of Parent/Guardian_____ Date: _____

Printed Name of Parent/Guardian: _____

Address: _____ City, ZIP: _____

Phone: _____ Email Address: _____

FOR OFFICE USE ONLY:

Total **annual** Income: _____ Household size: _____

Eligibility Determination (circle one) W R D

Basis for Denial: ____Incomplete application ____ Income Exceeds Eligibility _____ Other

Determining Official: _____ Date: _____