



2011-2012 After-School Program Income Verification Worksheet

Student Name:

Parent Name:

Home Phone:	Cell Phone:	Email:
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The program fee for the 2011-2012 after-school program is \$200.00 per child per month. Fee reductions are based on family size and income. All families requesting fee reductions must provide proof of income.

Check one

- My child does not qualify for a fee reduction. I will be billed \$200.00 per month.
- I am requesting a fee reduction.

To determine the fee reduction your family qualifies for, please provide the following information:

Total Number of Persons in Family:	Yearly Household Income:
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Salt Lake County Area Median Family Income (AMI): \$67,800

Family Size	42% of AMI	60% of AMI	80% of AMI	100% of AMI
1 Person	\$14,097	\$20,036	\$38,000	\$47,500
2 Persons	\$18,941	\$26,955	\$43,400	\$54,250
3 Persons	\$23,803	\$33,874	\$48,850	\$61,063
4 Persons	\$28,665	\$40,793	\$54,250	\$67,800
5 Persons	\$33,527	\$47,721	\$58,600	\$73,250
6 Persons	\$38,389	\$54,631	\$62,950	\$78,688
7 Persons	\$43,251	\$64,550	\$67,250	\$84,063
8 Persons	\$48,113	\$68,469	\$71,600	\$89,500

Fee Schedule

Family Income	Fee per student
Less than \$10,000 (for any family size)	\$10.00 per month
more than \$10,000 but less than 42% of AMI	\$35.00 per month
between 42% and 60% of AMI	\$75.00 per month
between 60% and 80% of AMI	\$125.00 per month
between 80% and 100% of AMI	\$150.00 per month
above 100% of AMI	\$200.00 per month
Non-City Resident (regardless of family size and income)	\$200.00 per month

Based on the chart above, my montly fee is:

I am attaching/providing copies of the following financial documents to verify my income: (circle one)

2010 Tax Records	Current W2	DWS Financial Benefit Statement	Employer Verification Letter	Housing Authority Annual Income Form
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