INSTRUCTIONS FOR APPLYING

$3.25 REDUCED PRICED SCHOOL COMBO

PINEAPPLE COVE CLASSICAL ACADEMY JR/SENIOR HIGH SCHOOL

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box.

Part 2: Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2** –
    - **Gross Income and How Often It Was Received Along with Proof of Last Two Sources of Income:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
    - **Earnings**: Be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions.
    - **Income received from welfare, child support, and alimony**: List the amount each person received.
    - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits**: List the amount each person received.
    - **All Other Income**: List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 3: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Return the form in to **Tramesa Moore** at either Pineapple Cove Classical Academy High School location or email at **mooret@pccafl.com**

2026-2027

Pineapple Cove Classical Academy Jr/ Senior High School

$3.25 REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS** **RETURN THIS APPLICATION TO PINEAPPLE COVE CLASSICAL ACADEMY UPPER SCHOOL **

Names of all household members (First, Middle Initial, Last)	Student's School	*Place a check in the box if NO income*

PART 2. PROOF OF INCOME. PROVIDE LAST TWO SOURCES OF INCOME VIA PAY STUBS ALONG WITH THIS APPLICATION. List all income on the same line as the person who receives it. Check the box for how often it is received.

1. NAME (LIST **ONLY** HOUSEHOLD MEMBERS WITH INCOME)	**2. GROSS INCOME** AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	**$200**	X				**$150**		X			**$0**					**$0**				
	$					$					$					$				
	$					$					$					$				
	$					$					$					$				
	$					$					$					$				
	$					$					$					$				
	$					$					$					$				

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Signature: _____ Printed Name:_____ Date: _____

Address:_____ Phone Number: _____

Email:_____ City:_____ State:_____ Zip Code:_____