Return Completed Application To: (Insert School District Address)	**APPLICATION FOR STUDENT TRANSPORTATION REIMBURSEMENT** **POSTSECONDARY ENROLLMENT OPTIONS PROGRAM**

GENERAL INFORMATION: The information on this form is required in making an application for transportation reimbursement under Minnesota Statutes, section 124D.09 the Postsecondary Enrollment Options Act. Please read the information on page 2 before completing this form. Return the completed form to the office noted above.

FOR OFFICE USE ONLY

IDENTIFICATION INFORMATION

Student(s) Name(s)		Student(s) Birth Date(s)
Home Address	City	Zip Code
Name of Head of Household		Relationship to Student(s)
Household Telephone Number ( ) -	Name of Secondary School of Student Enrollment	

HOUSEHOLD MEMBERSHIP INFORMATION

A household is a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

NAMES OF ALL INDIVIDUALS LIVING IN THE HOUSEHOLD	SOCIAL SECURITY NUMBERS OF ALL WAGE EARNERS
1	
2	
3	
4	
5	
6	
7	
8	

SOCIAL SECURITY INFORMATION

You do not have to give social security numbers, but if you refuse, your child cannot receive transportation reimbursement. The social security numbers may be used to identify you for verifying the information you report on this application. Verification may include audits, investigating, contacting the State Employment Security Office and employers and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits may occur. These facts must also be told to all members whose social security numbers are required on this application.

HOUSEHOLD GROSS INCOME INFORMATION

Refer to Page 2 of this form for further information about the income items listed below. Be sure to report **GROSS** amounts for each income item.

INCOME ITEMS	CURRENT GROSS MONTHLY INCOME
1. Wages, Commissions, Tips	$
2. Self-Employment, Farming	
3. Minnesota Family Investment Program (MFIP)	
4. Alimony, Child Support	
5. Retirement, Pension, Social Security, Veterans Benefits	
6. All Other Income (specify):	
7. TOTAL GROSS HOUSEHOLD MONTHLY INCOME	$
8. TOTAL GROSS HOUSEHOLD ANNUAL INCOME (Line 7 X 12)	$

VERIFICATION OF INFORMATION

I certify that all the above information is true and correct and that all household income is reported. I understand that this information is being given for the receipt of state funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Signature:_____ Date: _____

E X P L A N A T I O N O F I N C O M E

GROSS INCOME: Gross income means "money earned before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, charitable contributions, etc.

TO DETERMINE CURRENT GROSS MONTHLY INCOME:

If you are paid every week, multiply the total gross weekly pay by 4.3.
If you are paid every two weeks, multiply the total gross pay by 2.15.
If you are paid once a month, use the total gross amount.
If you are paid only every three months, divide the gross pay by 3.
If you are paid only every 6 months, divide the gross pay by 6.
If you are paid once a year, divide the total gross pay by 12.

INCOME ITEMS INCLUDE THE FOLLOWING:

1. wages, salary, commissions, fees, tips
2. net income from self-employed farmers and self-employed business persons (see below)
3. Minnesota Family Investment Program (MFIP), unemployment compensation
4. alimony, child support
5. retirement, pension, social security, veteran's benefits, government civilian employee, or military retirement or pensions, veteran's payments, private pensions or annuities
6. dividends or interest on savings or bonds, income from estates or trusts, or net rental income, regular contributions from persons not living in the household, net royalties and other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the student's transportation costs.

FARMER OR SELF-EMPLOYED:

Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Wages from other jobs or income from other sources must be listed at the gross amount.

FARMER, SELF-EMPLOYED, OR SEASONAL WORKER:

If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income. Self-employed persons may use last year's income as a base to project their current year's net income, unless their current monthly income provides a more accurate measure.

FOSTER CHILD:

For a foster child who lives with the household but is the legal responsibility of the Department of Human Services or court, only include "personal use income." "Personal use income" is those funds specifically designated for the personal use of the child, such as for clothing, fees and allowances. Do not include funds for shelter, general care, medical expenses, etc. Also, do not include the income of the foster family.