

Read the instructions on the back of this form. Use black or blue ink. Print neatly within the boxes. Complete only ONE application per household. OR you may apply ONLINE at [www.mealappnow.com/manwal](http://www.mealappnow.com/manwal)

For assistance with this form call, 936.931.2347

**1** IF ANYONE IN THE HOUSEHOLD HAS AN ELIGIBILITY GROUP NUMBER FOR SNAP OR TANF WRITE THE EDG NUMBER IN THE SPACES

**2** Students in household: Fill out the information below for ALL STUDENTS currently enrolled in Waller ISD schools. For any student that is a foster child, homeless, migrant or runaway, please check the box below.

Student I.D. Number	FIRST Name	LAST Name	Grade	School Name	Foster	Homeless	Migrant	Runaway
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3** IF THE HOUSEHOLD HAS AN EDG NUMBER, SKIP THIS PART.  
**HOUSEHOLD MEMBERS:** Include ALL other household members and their income., if they have any. List gross income before taxes and deductions. You do not have to list students that are already listed above. In the frequency box, **HOW OFTEN IS INCOME RECEIVED?** Using the following, please indicate in the box under **FREQUENCY**; (W = weekly, E = every two weeks, T = twice a month, M= Monthly, and A= Annually). Putting a zero (0) in any income box, or leaving it blank, indicates that person has NO INCOME, and you are certifying (promising) this is correct information.

Print first and last name of other Household members.	Income from Work Before deductions	Frequency (circle one)	Welfare Payments, Child Support/Alimony	Frequency (circle one)	Income from pensions Retirement, Social Security	Frequency (circle one)	All other income	Frequency (circle one)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

TOTAL HOUSEHOLD MEMBERS (CHILDREN & ADULTS) \_\_\_\_\_

INCOME FOR CHILDREN IN THE HOUSEHOLD (DO NOT INCLUDE ADULT INCOME):

Child Name	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

**4** SIGNATURE SECTION I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal statues.

**5** SOCIAL SECURITY An adult household member must provide the last 4 SECURITY #: of their Social Security # or mark the "NO SSN" box. (See privacy Statement on the back side of this form)

Formal Signature  First Name (print)  Last Name (print)  Last 4 digits of SSN     If No SSN check this box

Return the completed application to: Waller ISD School Nutrition Services 1918 Key Street Waller Texas 77484, Fax: (936) 931-4047, email: [mwarzon@wallerisd.net](mailto:mwarzon@wallerisd.net), or to your child's school.

StreetAddress  APT#  City  State  Zip Code  Phone Number