

Family Name: _____

Address: _____



E-RATE SURVEY FORM YESHIVAS OHR REUVEN 2020-2021

E-RATE SURVEY

Please complete the form based on your current situation even if your family does **NOT** qualify.
By completing this form, you enable the yeshiva to receive important government funding - THANK YOU!

1 Circle your family size (including all children)

Family Size	Annual Income	Monthly Income
1	\$23,606	\$1,968
2	\$31,984	\$2,657
3	\$40,182	\$3,349
4	\$48,470	\$4,040
5	\$56,759	\$4,730
6	\$66,046	\$5,421
7	\$73,334	\$6,112
8	\$81,622	\$6,802
For each additional family member add:	\$8,268	\$691

2 Is your family's income equal to or less than the amount listed to the number you circled? Yes No

3 IF YES, please list the names of all school age children living in your home, including the schools they attend:

Name of Child	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____