benefits, and I may be prosecuted.

Sign here: ___

Financial Assistance Application Form

APPLICATION WILL NOT BE PROCESSED WITHOUT REQUIRED DOCUMENTATION

Failure to provide proof of all income will result in a delay in processing this request.

DO NOT SEND ORIGINALS; they cannot be returned. Copies can be made for you at the Lincoln Public Schools Business Office.

All documentation is treated confidentially and details are not shared with any other offices or departments.

		Last Name			Home Pho	Home Phone Home Phone		Address Address		
		Last Name			Home Pho					
1a Check off Adults	in Households:									
Yourself	Spouse									
	lame									
	lame lame				•					
Other 1	vairie				ationship					
1b List all Depender	ts living with you:									
						Check if filing for fee assistance for:				
First Name	Last Name		Relationship to you	2025/26 Grade	2025/26 School	Bus	Athletic	Instrument Lessons	Ot	
				0.000						
*Other would include ma	ndatory school field trips	and other sch	ool related fees;	not events	or overnight trav	el when optiona	al.			
ne 6d, Form 1040, o st recent tax return.	f				our tax return listonsted in 1a and 1b					
2a Yearly Income su	pporting child(ren):									
Required Documentation						Check if Included	Reason Not Included (attach explanation if necessary)			
1. Internal Revenue Service 1040 form page 1 & 2 of all adults residing in the household (Transcript also permissible)										
2. DFAS Military Leave and	Earnings Statement									
3. Supplemental Security In	ncome (SSI) and Disabilit	ty Income								
1. Unemployment Compen	sation and Severance Pa	ау								
5. Alimony and Child Supp	ort Agreements									
6. Transitional Assistance I	etters and Benefits: 781	-388-7375 or 1	-8000-249-2007	7						
7. Housing Authority Verific	ation/Calculation Worksh	neet								
3. Section 8 Housing Vouc	ner									
9. Documentation for Foste	r Child (Foster Children a				t included as a m	ember of the				
family in which they are 10. Non-Custodial Parent in	residing or in the househ				f the dependent	and there is				
no record of child suppo		one parenti	COCIVES HIE IAX	u u uuullUII (uie aeheilaeili	unu uncie 18				
n adult household memb										

Print name:__

Please print out and complete the front **and back** of this form and mail to Angela Wang, Administrator for Business and Finance, Lincoln Public Schools, Ballfield Rd., Lincoln, MA 01773

Financial Assistance Verification Form

I,	am applying for Financial
Name (Prin	
Assistance and certify that neither I n school year.	anyone else in my family is receiving alimony or child support in the 2025-2020
that the school may get federal funds	luded with this application is true and that all income is reported. I understaned on the information I give. I understand that school officials may verify at if I purposely give false information, my child(ren) may lose benefits, and I m
Parent/Caregiver Signal	ture Date