

Children need music to help them through school, enhancing their education. Hannah's Musical Hope is offering free used instruments for students who qualify. If you think you will qualify fill out this application. Mail the completed application to Hannah Kerchner PO Box 65 West Branch IA 52358.

**Questions you may have:**

- 1. Who can get a free instrument?** If your income doesn't meet a solid amount and you cannot afford an instrument your child(ren) can receive a free instrument.
- 2. What if my income is not always the same?** List the amount you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
- 3. Will the information I give back be checked?** Yes, we may ask you to send written proof. You are not required to provide proof with your application.
- 4. If I don't qualify now, may I apply later?** Yes, you may apply at anytime. If you lose your job, income goes down, household size goes up and may qualify we will reconsider our decision.
- 5. What if I disagree with the decision made about my application?** Talk to us. Email at [Hannahsmusicalhope@gmail.com](mailto:Hannahsmusicalhope@gmail.com), or call Hannah Kerchner at (319) 775-0822.
- 6. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, friends), who share income and expenses. you must include yourself and all children who live with you. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by each child. If the foster family is not eligible for a free instrument, that does not prevent a foster child from receiving a free instrument.
- 7. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. all other allowances must be included in your gross income.
- 8. What other benefits might I be eligible for?** You may also be eligible for benefits such as free reeds/valve oil/ slide grease for instrument care. If so we will send you a supply each year to help out.
- 9. Income guidelines effective July 1, 2015 - June 30, 2016, see next page**

**Federal Income Chart**

<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice per Month</b>	<b>Every two weeks</b>	<b>Weekly</b>
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,511	2,318	1,159
6	60,255	5,022	2,511	2,318	1,159
7	67,947	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional person:	7,696	642	321	296	148

Households: Your children may qualify for a free instrument if your household income falls within the limits on this chart.

**Privacy Act Statement: This explains how we will use the information you give us.**

In order for your application to go through you do need to fill out all information. You do not have to give the information, but if you do not, we cannot approve your child for free. We will use your information to determine if your child is eligible for a free instrument. We MAY share your eligibility as a statistic, to help evaluate funding, and determining benefits of our program.

**Non-discrimination statement: This explains what to do if you believe you have not been treated fairly.** One of our policies as a business is that we can not and will not discriminate against its customers, employees, and applicants based off of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity funded or conducted by the business.

## Instructions for Completing Eligibility Application

**Foster Child in Household**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. Foster children can be included as household members.

**Part 1.** List the child's name, date of birth, grade, name of school/Head Start/child care center attended. Check the box for foster child. Provide ethnic and racial information if you choose, but the school/Head Start/ child care will make the determination of your foster child's ethnic and racial status if you do not fill out this section.

**Part 2.** Complete this section only if the foster child received money for personal use or has other regular personal income. If the foster child has no income, check the box indicating no income. DO NOT include the stipend received by the foster family to provide care to the foster child.

**Part 3.** Read the certification and complete this section.

**All other Households**, follow these instructions for reporting income.

**Part 1.** List the child's name, date of birth, grade, name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/ child care will make the determination of your foster child's ethnic and racial status if you do not fill out this section.

**Part 2.** Follow these instruction to report total household income from the last month.

**Name:** List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends); include yourself and all children living with you. The household decides whether to include the foster child on their household application with their non-foster children. Attach another sheet of paper if needed.

**Age:** List the age of each household member.

**If No Income:** Put a mark in the box if a household member **does not** have income, or leave the income cell blank.

**Gross Income last month and have it was received:** Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly.) List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income. If the household includes the foster child, they must report any personal income received by the foster child on foster parent's household application.

**Other Monthly Payments or Income:** Money is reported in this section if it is regularly received. List the amount each person received last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income colum. **Do not report:** Scholarships, educational benefits, lump sum payments, combat pay, Deployment Extension Incentive Pay (DEIP) or children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass, If you are in the Military Housing Privatization Initiative or get combat pay do not include these allowances.

**Part 3.** Read the certification and complete this section.



**Part 3: Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive an instrument based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose possibility to get an instrument, and may be prosecuted.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 4: Instrument Preference**

This portion will help us determine what instrument is right for you as well as allow you to tell us what instrument your child wants to play so we can make them as happy as we can. This portion is not required but highly recommended

**Preferred instruments 1 most wanted 3 less wanted: (Choose from list)**

- |         |                  |               |
|---------|------------------|---------------|
| 1 _____ | a. Trumpet       | e. Saxophone  |
|         | b. Trombone      | f. Clarinet   |
| 2 _____ | c. Tuba/Baritone | g. Flute      |
|         | d. French horn   | h. Percussion |
| 3 _____ |                  |               |

**Family instrument history, if applicable to you, fill out which family members played what instrument so we can try and match your child up with an instrument they will be able to succeed the most in.**

Grandma: \_\_\_\_\_ Grandma: \_\_\_\_\_

Grandpa: \_\_\_\_\_ Grandpa: \_\_\_\_\_

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

**Has your child talked to the band director or tried out any instruments yet? If so what was recommended?**

\_\_\_\_\_

**Self-Employed Income worksheet will assist you in calculating the amount to report if you engage in farming, are self employed, or have income from other sources.**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free instrument. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other nonbusiness deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. **The least self-employment income possible is zero (no income).** For example, if you operated a business at a net loss but held another job from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free instrument eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in part 2 of the application.

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1041. Use the lines from the 1041 that are identified.**

Line 12 - Business income or (loss)	\$ _____
Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 17 - Rental estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
Line 18 - Farm income or (loss)	\$ _____
Total	\$ _____

**The least income possible is zero (a negative number cannot be reported) Total / 12\* = \_\_\_\_\_**

\*Enter amount in hw "All Other Income Last Month" column in part 2 on the front of the application.

**DO NOT WRITE BELOW THIS LINE**

Free instrument eligibility: (circle one)

Approved      Denied

Reason: \_\_\_\_\_

Instrument being donated: \_\_\_\_\_

Signature of official: \_\_\_\_\_

Date signed: \_\_\_\_\_