

LIST ALL PERSONS WHO LIVE IN THE HOME

Name	Birthdate	Relationship to Student	Male/Female

Income Verification (GSRP is FREE to all families but the program does require verification of family income)

Annual Income (January 1 – December 31, of the previous year): \$ _____

Proof of income will be collected with additional documents to prioritize eligibility

Documentation of No Income (complete only if parent has no income)

I affirm that I do not receive income from any source

I am a student

I am supported by family members

Other: _____

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____