

## Impact Aid Survey and Application

Eligible local educational agencies that wish to apply for Impact Aid must submit an application each year using the Department's on line application system, e-Application, on the Internet at [G5.gov](http://G5.gov). Applications submitted by any means other than e-Application will not be accepted.

The application usually is published each year in November and must be submitted by the following January 31. There is no grace period for submitting signature pages. A potential applicant should review the [Impact Aid Program law and regulations](#) to determine if it might be eligible before applying for Impact Aid.

Forms and instructions for each year's application are available on line in e-Application and <http://www2.ed.gov/programs/8003/applicant.html>. If you have questions about completing the application forms, please call us at (202) 260-3858 or contact us by e-mail at [Impact.Aid@ed.gov](mailto:Impact.Aid@ed.gov).

Below is a sample survey:



**SAMPLE****Impact Aid Program Survey Form**  
The survey date is \_\_\_\_\_**SAMPLE****All boxes must be filled in with complete information if applicable****STUDENT INFORMATION**

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name	
Address		City		State	Zip Code	
If the above property is a federal property, enter the name of the property.		Name of federal property				

**Fill in the above boxes with complete and accurate information****PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN**

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City	State	Zip Code	
Name of federal property					
Address of federal property		City	State	Zip Code	

**Fill in the above boxes with complete and accurate information****PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES**

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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**Fill in the above boxes with complete and accurate information****PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY**

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

**Fill in the above boxes with complete and accurate information**

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

**\* By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→Signature of Parent/Guardian \_\_\_\_\_ →Date \_\_\_\_\_