

EDCHOICE SCHOLARSHIP PROGRAM 2017-2018 INCOME VERIFICATION FORM

Income Verification is one step in the scholarship application process. Your child must also be enrolled at a participating school. The Income Verification Process is important for some families to determine if they meet low income requirements of the scholarship program. If you are a new or renewal applicant of the Scholarship and you qualify for low income status, you will not have to pay tuition above the amount of the scholarship. If you are a new or renewal applicant of the EdChoice Expansion Scholarship, you must complete the income process every year to receive a scholarship award.

Helpful tools can be found on the scholarship website at: <http://education.ohio.gov/edchoice>. If you have more than one child applying for a scholarship, only one income verification form is needed. The scholarship office is not able to return original documents to you; please send only copies. **This form and copies of income documents must be mailed to the address ON THE BACK OF THIS FORM by the deadline April 30, 2017:**

#1

PRIMARY PARENT	NAME:				
	FIRST	MIDDLE	LAST	<u>MARITAL STATUS</u>	
	DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
	ADDRESS:				
	CITY:	OHIO	ZIP CODE:	RECEIVES INCOME: Y	N
	PHONE:	E-MAIL:			
Name of Private school where your child is enrolled					

LIST ALL MEMBERS OF YOUR HOUSEHOLD - Including scholarship students, make a copy of this page if more space is needed.

#2

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

#3

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

#4

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

#5

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

**EDCHOICE SCHOLARSHIP PROGRAM
2017-2018 INCOME VERIFICATION FORM**

2017 FEDERAL POVERTY GUIDELINES
Source: Federal Register, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832.

EdChoice families qualify for low income status if income is at or below 200% of the Federal Poverty Guidelines. This chart will help you determine if you may qualify.

- o Income status determines priority for awarding scholarships. It also determines if your family will be responsible for paying any tuition that is not covered by the scholarship.
- o Based on the number of people in your household, if your gross annual income is the amount listed on the chart or less, you may qualify for low income status.
- o Household size is determined by the following: the scholarship student, the legal guardian of the scholarship student, the spouse of the legal guardian or birth father of any child under the age of 18 which the legal guardian also has custody.
- o Based on your household, determine from the list below which one fits your status. For example: If your status is #1 AND #4, submit the documents for both.

Number in Household	Gross Annual Amount (200%)
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640
For each additional person add:	\$8,360

You must provide documentation for all sources of income in your household. Documents should represent your CURRENT income. Please do not send original documents as they cannot be returned to you.

- 1) If you are currently employed (and have the same job you had all of last year): **Send 4 current pay stubs for each job or your W-2s.**
- 2) If you are currently employed (but did not work your current job for all of last year): **Send 4 current pay stubs for each job.**
- 3) If you are self-employed: **Send a copy of your 2016 income tax forms, including Schedule C (the Profit and Loss statement).**
- 4) If you receive other income sources: (eg., **food stamps/OWF, child support, unemployment, Social Security, etc.**): **Send copies of official documentation that shows how much you receive from each one.**

Example: If you currently work and receive food stamps and child support, you need to send in four current pay stubs, official documentation that shows how much you receive in food stamps, and official documentation that shows how much you receive in child support.

List each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.

INCOME INFORMATION

First and Last Name	Name of Employer or Income Source	Gross Amount Before Taxes	How Often Received
Example: John Smith	Employment-Kroger	\$1200	Bi-Weekly
Example: Jane Smith	Child Support	\$475	Monthly

SIGNATURE OF PRIMARY LEGAL GUARDIAN REQUIRED

DATE

PLEASE RETURN THIS FORM AND ALL INCOME DOCUMENT COPIES TO THE ADDRESS BELOW.

MUST BE SUBMITTED BY APRIL 30, 2017 TO:

**Ohio Department of Education, Scholarship Program Office
25 S. Front Street, Mail Stop 309 Columbus, Ohio 43215**

NO FAXES ACCEPTED