Ohio | Department of Education

EDCHOICE SCHOLARSHIP

2013-2014 Income Verification Form

To apply for low income status, please complete this form. ONLY 1 Form Per HOUSEHOLD

PRIMARY PARENT

FIRST MIDDLE LAST MARITAL STATUS

NAME: _____ _____ _____ _____

DATE OF BIRTH: _____ GENDER: F ☐ M ☐ LAST FOUR DIGIST SS#: _____

STREETADDRESS: _____ RECEIVES INCOME: Y ☐ N ☐

CITY: _____ OHIO ZIP CODE: _____ E-MAIL: _____

PRIMARY PHONE: _____ CELL PHONE: _____

HOUSEHOLD INFORMATION - LIST *ALL* MEMBERS OF YOUR HOUSEHOLD

Please make a copy of this page if more space is needed.

FIRST MIDDLE LAST

NAME: _____

DATE OF BIRTH: _____ GENDER: F ☐ M ☐ LAST FOUR DIGIST SS#: _____

RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y ☐ N ☐

SCHOLARSHIP STATUS (CHECK ONE): NEW: ☐ RENEWAL ☐ NA –NOT APPLICABLE ☐

FIRST MIDDLE LAST

NAME: _____

DATE OF BIRTH: _____ GENDER: F ☐ M ☐ LAST FOUR DIGIST SS#: _____

RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y ☐ N ☐

SCHOLARSHIP STATUS (CHECK ONE): NEW: ☐ RENEWAL ☐ NA –NOT APPLICABLE ☐

FIRST MIDDLE LAST

NAME: _____

DATE OF BIRTH: _____ GENDER: F ☐ M ☐ LAST FOUR DIGIST SS#: _____

RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y ☐ N ☐

SCHOLARSHIP STATUS (CHECK ONE): NEW: ☐ RENEWAL ☐ NA –NOT APPLICABLE ☐

FIRST MIDDLE LAST

NAME: _____

DATE OF BIRTH: _____ GENDER: F ☐ M ☐ LAST FOUR DIGIST SS#: _____

RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y ☐ N ☐

SCHOLARSHIP STATUS (CHECK ONE): NEW: ☐ RENEWAL ☐ NA –NOT APPLICABLE ☐

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RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y ☐ N ☐

SCHOLARSHIP STATUS (CHECK ONE): NEW: ☐ RENEWAL ☐ NA –NOT APPLICABLE ☐

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NAME: _____

DATE OF BIRTH: _____ GENDER: F ☐ M ☐ LAST FOUR DIGIST SS#: _____

RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y ☐ N ☐

SCHOLARSHIP STATUS (CHECK ONE): NEW: ☐ RENEWAL ☐ NA –NOT APPLICABLE ☐

CLICK HERE FOR PAGE 2

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INCOME **INFORMATION**

YOU MUST PROVIDE DOCUMENTATION FOR ALL SOURCES OF INCOME IN YOUR HOUSEHOLD. Documents should be representative of **CURRENT** income. Your income **WILL NOT** be verified without submission of all required documentation. This is your ONLY opportunity to apply.

- **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.
- **IF YOU ARE CURRENTLY EMPLOYED** (**but did not work your current job for all of last year**): Send 4 currrent pay stubs for each job.
- **IF YOU ARE SELF- EMPLOYED**: Send a copy of your 2012 income tax forms, including Schedule C (the Profit and Loss statement).
- **IF YOU RECEIVE OTHER INCOME SOURCES** (**e.g., food stamps/OWF, child support, unemployment, Social Security, etc**.): Send copies of official documentation that shows how much you receive from that income source.

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 show how much you receive in child support.

Income is any money **or benefit** that you and the people in your household receive from employment, unemployment, child/spousal support, disability benefits, workers compensation, social security, SSI, veterans benefits, etc.

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

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

If you require more space, please duplicate this page and submit with application. PLEASE KEEP A COPY OF THIS FORM for your records.

This is your ONLY opportunity to apply for Low Income Status. PLEASE submit all of your income documents at this time; there will be no extensions. We WILL NOT contact you if your documents are missing. If we receive your information and you forgot to include some documentation, your request to have you income verified WILL NOT BE PROCESSED. You WILL NOT qualify for Low Income Status.

I declare that the information on this form is true, correct and complete to the best of my knowledge. I agree to provide documents to verify the Information listed. I authorize the Ohio Department of Education to make whatever contacts are necessary to verify the information I have provided.

Signature: **Date:**

This 2 page form and all supporting documents must be

POSTMARKED

by July 31, 2013, 4:00 P.M.

N O F A X E S A C C E P T E D

PLEASE RETURN COMPLETED FORM TO:

Ohio Department of Education
EDCHOICE Scholarship Program
25 S. Front Street, MS 309, Columbus, Ohio 43215

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