Ohio | Department of Education

2014 - 2015 INCOME VERIFICATION FORM

EDCHOICE SCHOLARSHIP

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

This form and all supporting documents MUST be submitted by July 31, 2014, 5:00 P.M.

NO FAXES ACCEPTED

PLEASE COMPLETE AND RETURN TO:

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

PRIMARY PARENT

#1 FIRST MIDDLE LAST MARITAL STATUS

NAME: _____

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

ADDRESS: _____ RECEIVES INCOME: Y ☐ N ☐

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

PHONE: _____ CELL PHONE: _____

HOUSEHOLD INFORMATION - LIST *ALL* MEMBERS OF YOUR HOUSEHOLD

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

#2 FIRST MIDDLE LAST

NAME: _____

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

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

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

#3 FIRST MIDDLE LAST

NAME: _____

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

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

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

#4 FIRST MIDDLE LAST

NAME: _____

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

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

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

#5 FIRST MIDDLE LAST

NAME: _____

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

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

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

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

********EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO APPLY FOR THE EXPANSION SCHOLARSHIP*********

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INCOME **INFORMATION**

Please review the following:

- Based on the number of people in your household, if your gross annual income is the amount listed on the chart or less, then you might qualify for low income status.
- To determine if you qualify for low income status, you must have your income verified by the Scholarship program staff.
- 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.
- You can obtain the Income Verification Form from either your private school or from the program web site: http://education.ohio.gov/edchoice

2013 FEDERAL POVERTY GUIDELINES
Source: Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183.

Number in Household	Gross Annual Amount (200%)
1	$22,980
2	$31,020
3	$39,060
4	$47,100
5	$55,140
6	$63,180
7	$71,220
8	$79,260
For each additional person add:	$8,040

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.

- **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 2013 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 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.

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

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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.

********EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO APPLY FOR THE EXPANSION SCHOLARSHIP*********

Signature: _____ **Date:** _____

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