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 ☐

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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INCOME **INFORMATION**

Please provide documentation to show all sources of income. Documents should be representative of CURRENT income. Your Income will NOT be verified without submission of all required documentation.

Acceptable CURRENT income documentation MAY include ONE OR MORE of the following:

- Income tax returns and W-2 Forms
- Pay Stubs (4)
- Business records

Correspondence from:

- Department of Job and Family Services
- Child Support

Other providers of benefits:

- Proof of Eligibility for OWF/food stamps
- Unemployment
- 1099
- Ohio Bureau of Workers Compensation

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.

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 April 19, 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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