

**EDCHOICE SCHOLARSHIP PROGRAM
2015 - 2016 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 EdChoice program. If you are a new or renewal applicant of the EdChoice 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 EdChoice 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 EdChoice Office is not able to return original documents to you; please send only copies. The form and copies of income documents must be mailed to:

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

PRIMARY PARENT

#1 NAME: FIRST MIDDLE LAST MARITAL STATUS

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 you child is enrolled

LIST ALL MEMBERS OF YOUR HOUSEHOLD

Please 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 RECEIVES INCOME: **Y** **N** **NA**

#3 NAME: FIRST MIDDLE LAST

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

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL RECEIVES INCOME: **Y** **N** **NA**

#4 NAME: FIRST MIDDLE LAST

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

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL RECEIVES INCOME: **Y** **N** **NA**

#5 NAME: FIRST MIDDLE LAST

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

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL: RECEIVES INCOME: **Y** **N** **NA**

2015 FEDERAL POVERTY GUIDELINES

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 you 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.

Number in Household	Gross Annual Amount (200%)
1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780
For each additional person add:	\$8,320

INCOME INFORMATION

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

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 current pay stubs for each job.

If you are self-employed: Send a copy of your 2014 income tax forms, including Schedule C (the Profit and Loss statement).

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 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

Signature of Primary Guardian Required

Date