

**EDCHOICE SCHOLARSHIP PROGRAM
2019-2020 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 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 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://edchoice.education.ohio.gov> 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 below ON BACK OF THIS FORM by the deadline July 31, 2019:**

#1

PRIMARY PARENT

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 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

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2019 FEDERAL POVERTY GUIDELINES
Source: Office of the Asst. Sec. for Planning & Eval/US Dept. of HHS.

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.

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.

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.

Household size is determined by the following: the scholarship student, the birth mother or the legal guardian of the scholarship student, the spouse (also includes birth father of any child in the household), all children under the age of 18 which the legal guardian or spouse also has legal custody.

Number in Household	Gross Annual Amount (200%)
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
For each additional person add:	\$8,840

You must provide documentation for all sources of income in your home. The documents must represent their current income. Do not send original documents, as they cannot be returned and block the first 5 digits of all Social security numbers in all documents, only the last 4 digits are allowed to be seen. See page 3 for acceptable income documents.

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

X

SIGNATURE OF PRIMARY LEGAL GUARDIAN REQUIRED

DATE

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

MUST BE SUBMITTED BY July 31, 2019 TO:

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

NO FAXES ACCEPTED

06/05/2019

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