



DEPARTMENT OF EDUCATION

Choice Scholarship Program Income Verification Form 2017-2018 School Year

This document is to be used when a 2016 Federal Tax Return is not available or if the Household Income entered on the Choice Scholarship Application is different from the Adjusted Gross Income on the 2016 Federal Tax Return. This form, the Income Calculation Worksheet on page two, and the documentation used to verify the household income must be kept in the student's application file.

Student Name:						
Parent/Guardian Name:						
School Name:	School Number:					
Total Household Income: Tot	al Household Size:					
Explain in detail why a 2016 Federal Tax Return is not provided or is different from the income entered on the Choice Scholarship Application:						
What documentation was used to verify household income? (ch W-2 Paystub Unemployment compensation statement Social Security benefits statement Pension or annuity statements Retirement or investment account statements Military retirement benefits statement Employer statement on company letterhead Other:	eck all that are applicable)					
By signing below, I certify that the above information is accurate and understand that providing inaccurate information may result Choice Scholarship.						
Parent/Guardian Signature:	Date:					



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Household Income Calculation Worksheet

Annual total should be entered for each item. (Calculate monthly payment x 12; bi-monthly payment x 24, etc.)

, unidal total s	Income	Household member name:	Calculate monthly Household member name:	Household member name:	Household member name:	Household member name:
	Туре					
Earnings from	Adjusted Gross Income from taxes: -OR- Gross income from W2 or calculated income from paystubs, statements, etc.	\$	\$	\$	\$	\$
Work	Net Income From Self-Owned Farm or Business:	\$	\$	\$	\$	\$
	Strike Benefits, Unemployment Compensation, and Workers' Compensation:	\$	\$	\$	\$	\$
Welfare/ Child	Public Assistance Payments/Welfare Benefits:	\$	\$	\$	\$	\$
Support/ Alimony	Alimony or Child Support Payments:	\$	\$	\$	\$	\$
Retireme	Regular Distributions From Pensions, Retirement Income, Veteran's Benefits:	\$	\$	\$	\$	\$
Disability	Social Security:	\$	\$	\$	\$	\$
Income	Supplemental Security Income:	\$	\$	\$	\$	\$
	Disability or Life Insurance Benefits:	\$	\$	\$	\$	\$
Other Income	Other income:	\$	\$	\$	\$	\$
Totals for each household member:		\$	\$	\$	\$	\$

Total Household Income:

(Add the totals for each household member)

Documents used for verification (include copies in student file):	
Comments:	