



Choice Scholarship Program
Income Verification Form
2018-2019 School Year

This document is to be used when a 2017 Federal Tax Return is not provided or when the adjusted gross income (AGI) on the 2017 Federal Tax Return is different than the household income entered on the Choice Scholarship application. 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 file.

Student: _____ Parent/Guardian: _____

School Name: _____ School Number: _____

AGI on 2017 tax form: \$ _____ Income reported on Choice application: \$ _____

Explain in detail why a 2017 Federal Tax Return is not provided or is different from the income entered on the Choice Scholarship application:

Indicate which document(s) were used to verify the household income (supporting documentation must be kept in the student's file as proof of eligibility):

- W-2
- Retirement or annuity statements
- Paystub
- Military retirement benefits statement
- Unemployment compensation statement
- Employer statement on company letterhead
- Social Security benefits statement
- Other _____
- Pension or annuity statements
- Other _____

By signing below, I certify that the above information is accurate to the best of my knowledge and understand that providing inaccurate information may result in a denial or forfeiture of the Choice Scholarship.

Parent/Guardian Signature

Date

Household Income Calculation Worksheet

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

	Income Type	Household Member Name:	Household Member Name:	Household Member Name:	Household Member Name:	Household Member Name:
Earnings from Work	<i>AGI on tax forms -OR- Gross Income from W-2 or calculated income from paystubs, statements, etc.</i>	\$	\$	\$	\$	\$
	<i>Net Income from self-owned farm or business</i>	\$	\$	\$	\$	\$
	<i>Strike benefits, Worker's comp, Unemployment</i>	\$	\$	\$	\$	\$
Welfare/Child Support/Alimony	<i>Public Assistance Payments/Welfare Benefits (not SNAP)</i>	\$	\$	\$	\$	\$
	<i>Alimony and/or Child support payments</i>	\$	\$	\$	\$	\$
Retirement/Disability Income	<i>Distributions from pensions, Retirement income, Veteran's</i>	\$	\$	\$	\$	\$
	<i>Social Security</i>	\$	\$	\$	\$	\$
	<i>Supplemental Security Income</i>	\$	\$	\$	\$	\$
	<i>Disability or Life Insurance Benefits</i>	\$	\$	\$	\$	\$
Other	<i>Other Income</i>	\$	\$	\$	\$	\$
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: _____

**Choice Scholarship Department
Income Assurance Form**

<input type="checkbox"/>	Earnings from work Wages, salaries, tips, commissions, overtime pay, bonuses, income from self-owned business/farm, strike benefits, unemployment, and/or worker's compensation	\$	
<input type="checkbox"/>	Welfare Public assistance and welfare benefits	\$	
<input type="checkbox"/>	Alimony and/or Child Support	\$	
<input type="checkbox"/>	Child's Income Earnings of a child who is a full-time or regular part-time employee, Social Security, and/or supplemental security income	\$	
<input type="checkbox"/>	Retirement Pensions, retirement income, veterans' benefits, Social Security, and/or supplemental security income	\$	
<input type="checkbox"/>	Disability Benefits	\$	
<input type="checkbox"/>	Investment Accounts	\$	
<input type="checkbox"/>	Rental Income Net rental income, annuities, and/or net royalties	\$	
<input type="checkbox"/>	Interest and Dividend Income	\$	
<input type="checkbox"/>	Inheritance Inheritance, income from estates, trusts, and/or investments	\$	
<input type="checkbox"/>	Contributions Regular contributions from persons not living in the household	\$	
<input type="checkbox"/>	Cash Cash or investment gifts	\$	
<input type="checkbox"/>	Military Pay Military pay not received as a result of the service member's deployment to/service in an area that has been designated as a combat zone and/or military pay that is received prior to the service member's deployment to/service in an area designated as a combat zone	\$	
<input type="checkbox"/>	Life Insurance Benefits	\$	
<input type="checkbox"/>	Living Allowance Money given to a family for house payments and other living expenses	\$	
Total		\$	

I attest that:

- I have provided the Choice school with all financial information included in our household income.
- I have provided documentation to support all amounts listed above as part of our household income.
- If it is discovered that I have not disclosed all information for the household income, my child's Choice

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian