SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM 2024-2025

The Income Verification Process is important for some families. If you are a new applicant of the EdChoice Expansion Scholarship, you must complete the income verification process to receive a scholarship award. If you are an applicant of the Scholarship and you qualify for low-income status, you will not have to pay tuition above the amount of the scholarship. **It is recommended that you use the secure online Income Verification System to complete this process**, or you may complete this form and mail it and copies of income documents to the address on page three (3) of this form. The scholarship office is not able to return original documents to you; please send only copies. If you have more than one child applying for a scholarship, only one income verification form is needed. Helpful tools can be found on the scholarship website at EdChoice Scholarship or Cleveland Scholarship.

PRIMARY PARENT/GUARDIAN

NAME:_____
(First) (Middle) (Last) **MARITAL STATUS REQUIRED**

DATE OF BIRTH:_____ GENDER: ☐FEMALE ☐MALE LAST FOUR DIGITS OF SSN: _____

PHYSICAL ADDRESS:_____

CITY:_____ OHIO ZIP CODE:_____ RECEIVES INCOME: ☐YES ☐NO

PHONE NUMBER:_____ EMAIL ADDRESS: _____

NAME OF PRIVATE SCHOOL WHERE YOUR CHILD IS ENROLLED: _____

List all members of your household including scholarship student. Make a copy of this page if more space is needed.

#2

NAME:_____
(First) (Middle) (Last)

DATE OF BIRTH:_____ GENDER: ☐FEMALE ☐MALE LAST FOUR DIGITS OF SSN:_____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW:☐ RENEWAL:☐ N/A:☐ RECEIVES INCOME: ☐YES ☐NO

#3

NAME:_____
(First) (Middle) (Last)

DATE OF BIRTH:_____ GENDER: ☐FEMALE ☐MALE LAST FOUR DIGITS OF SSN:_____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW:☐ RENEWAL:☐ N/A:☐ RECEIVES INCOME: ☐YES ☐NO

#4

NAME:_____
(First) (Middle) (Last)

DATE OF BIRTH:_____ GENDER: ☐FEMALE ☐MALE LAST FOUR DIGITS OF SSN:_____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW:☐ RENEWAL:☐ N/A:☐ RECEIVES INCOME: ☐YES ☐NO

#5

NAME:_____
(First) (Middle) (Last)

DATE OF BIRTH:_____ GENDER: ☐FEMALE ☐MALE LAST FOUR DIGITS OF SSN:_____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW:☐ RENEWAL:☐ N/A:☐ RECEIVES INCOME: ☐YES ☐NO

Ohio Department of Education & Workforce

SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM 2024-2025

You must provide documentation for all sources of income in your home. The documents must represent current income. Do not send original documents, as they cannot be returned. Block the first 5 digits of all social security numbers in all documents leaving only the last 4 digits 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	Amount Before Taxes	How Often Received
	Example: John Smith *Example: Jane Smith*	*Employment- Kroger* *Child Support*	*$1200* *$475*	*Bi-Weekly* *Monthly*

X_____ _____

SIGNATURE OF PRIMARY PARENT/LEGAL GUARDIAN REQUIRED DATE

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The chart below may help you determine if you qualify. Renewing EdChoice Expansion families will not need to complete the income verification process each year, unless they would like to have their household income recalculated for their award amount.

NUMBER IN HOUSEHOLD	ADJUSTED GROSS ANNUAL AMOUNT (200%)
1	$30,120
2	$40,880
3	$51,640
4	$62,400
5	$73,160
6	$83,920
7	$94,680
8	$105,440
FOR EACH ADDITIONAL PERSON ADD:	$10,760

Adjusted Gross Income (AGI) will be used to calculate household income if the parent/guardian provides their current 1040 federal income tax return or IT1040 Ohio tax return.

Household size is determined by the following:

- The eligible student and their legal guardian;
- The spouse of the legal guardian or birth parent of any child under the age of eighteen;
- Children under the age of eighteen who live with the legal guardian;
- Children of the parent or legal guardian of the eligible student who are fulltime students aged twenty-two or less;
- Disabled or blind adults or children related to the parent or legal guardian of the eligible student;
- Relatives who are age sixty-five and who are claimed as a dependent for federal income tax purposes.

HOW TO COMPLETE THE INCOME VERIFICATION PROCESS

1. Obtain the Income Verification Form on the Department's website or the nonpublic school where you have applied for or renewed a scholarship. (Complete pages 1 and 2 of this document)

2. Complete the parent/guardian information on page 1, filling in all lines. This should be the same information you have provided on the scholarship application/renewal form.

3. List household members (i.e. spouse, children) on page 1 and provide all the information requested.
    a) Starting the 2024-2025 school year; Household members over the age of 18 can be entered by the family. These dependents must be claimed on the Federal 1040 or State IT1040- Sequence 9 as a dependent to qualify.

4. Write your sources of income on page 2 and provide copies of acceptable, supporting documentation.

5. Sign at the bottom of page 2. Do not return page 3-4.

6. Based on your household, determine from the list below which one fits your status. For example: If your status is (a) of the choices below, you only have to submit the documents for that option, not all of them.

    a) If you are currently employed and have the same job you had all of last year, send either 4 current pay stubs for each job, your W-2 forms, your 2023 Federal Income Tax Return forms, your 2023 Federal Income Tax transcripts or your 2023 Ohio IT1040 tax return.
    b) 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; The average gross of the 4 paystubs will be used to calculate your income.
    c) If you are self-employed, send a copy of your 2023 Federal Income Tax Return forms, your 2023 Federal Income Tax transcript, or your 2023 State Income IT1040 Tax Return.
    d) If you receive other income sources such as food stamps/OWF, child support, unemployment, Social Security, etc., then you must send copies of official documentation which show how much you receive from each source. Example: If you currently work and receive food stamps and child support, you must submit 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.
    e) If you have no income or you do not have pay stubs or W-2's, provide your 2023 Federal tax transcript from the IRS. Please mail a copy of that form to our office with the Income Verification form.
    f) If you are recently unemployed, please provide a separation letter from your previous employer stating your last day of employment and your last paycheck stub.

DO NOT send original documents. Make copies (ex. W-2, check stubs, etc.) to send to our office and block the first 5 digits of all social security numbers on all documents only leaving the last 4 digits to be seen. Submit only one (1) form per family. (Ex. A family with 3 students in the program only needs to send the form one time per school year.) Keep a copy for your records.

Income Verification may be mailed or submitted electronically. The Income Verification form with supporting income documents may be mailed to the **Ohio Department of Education and Workforce, Office of Nonpublic Educational Options 25 S. Front Street, Mail Stop 309, Columbus, Ohio 43215-4183**.

To submit online for processing, parents can visit our website for instructions to access the parent portal and guidance to submit electronically. Parents are responsible for submitting the Income Verification documents, not the private school. Contact the Office of Nonpublic Educational Options at 614-728-2743, or by email at edchoice@education.ohio.gov or cleveland.scholarship@education.ohio.gov, if you have any questions.