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 five (5) 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 tips can be found on the scholarship website at EdChoice Scholarship or Cleveland Scholarship.

PRIMARY PARENT/GUARDIAN

NAME: (First)	(Mide	dle)	(La	ast) Marita	l Status (required)
DATE OF BIRTH:	Gender:	FEMALE	MALE	LAST FOUR DIGITS O	F SSN:
PHYSICAL ADDRESS: _					
CITY:	OHIO ZIP	CODE:	F	RECEIVES INCOME:	Yes No
PHONE NUMBER:		EMAIL	. ADDRESS:		
NAME OF PRIVATE SCH	OOL WHERE YO	UR CHILD IS E	NROLLED: _		
LIST ALL MEMBERS (page if more space is n		EHOLD , inclu	ıding schola	arship student. Make	a copy of this
2) NAME:					
(First)		(Middle)		(Las	st)
DATE OF BIRTH:	Gender:	FEMALE	MALE	LAST FOUR DIGITS	OF SSN:
RELATIONSHIP TO YOU	J:				
SCHOLARSHIP STATUS	(CHECK ONE):	NEW RE	ENEWAL	N/A	
RECEIVES INCOME:	Yes No				



3) NAME:					
(First)		(Middle)		(Last)	
DATE OF BIRTH:	Gender:	FEMALE	MALE LAS	ST FOUR DIGITS OF SSN:	
RELATIONSHIP TO YOU:					
SCHOLARSHIP STATUS (CHECK ONE): I	NEW RE	NEWAL	N/A	
RECEIVES INCOME:	Yes No				
4) NAME:					
(First)		(Middle)		(Last)	
DATE OF BIRTH:	Gender:	FEMALE	MALE L	AST FOUR DIGITS OF SSN:	
RELATIONSHIP TO YOU:					
SCHOLARSHIP STATUS (CHECK ONE): I	NEW RE	NEWAL	N/A	
RECEIVES INCOME:	Yes No				
5) NAME:					
(First)		(Middle)		(Last)	
DATE OF BIRTH:	Gende	: FEMALE	MALE	LAST FOUR DIGITS OF SSN:	
RELATIONSHIP TO YOU:					
SCHOLARSHIP STATUS (CHECK ONE): I	NEW RE	NEWAL	N/A	
RECEIVES INCOME:	Yes No				



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 4 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.

	First and Last Name	Name of Employer or Income source	Amount Before Taxes	How Often Received
	Example: John Smith	Employment – Kroger	\$1200	Bi-Weekly
ion	Example: Jane Smith	Child Support	\$475	Monthly
Income Information				
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9	Signature of Primary Parent/Guardian		Date	



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

NUMBER IN HOUSEHOLD	ADJUSTED GROSS ANNUAL AMOUNT (200%)
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
FOR EACH ADDITIONAL PERSON ADD:	\$11,000

Adjusted Gross Income will be used to calculate household income if the parent/guardian provides page one of their current federal income tax form 1040 OR Ohio IT 1040.

Household size is determined by the following:

- The eligible student and the legal guardian of the eligible student;
- 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 and claimed as a dependent for federal income tax purposes;
- Disabled or blind adults or children related to the parent or legal guardian of the eligible student who are claimed as a dependent for federal income tax purposes;
- 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 <u>the Department's website</u> 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) Household members over the age of 18 can be entered by the family. These dependents must be claimed on the 1040 tax return 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 3-5.
- 6. Acceptable Income Documentation

To document income using your Adjusted Gross Income, provide one of the following: (this is required if you have self-employment, business, or 1099 non-employee income)

- Page 1 of your Federal Form 1040
- Page 1 of your Ohio IT 1040
- Your federal Tax Return Transcript (<u>www.irs.gov/individuals/get-transcript</u>)
 - Please note: 1040 forms from 2023 or 2024 can be used from February 1st, 2025 April 15th, 2025. After April 15th, 2025, only 1040 forms from 2024 can be used.

To document income without providing your Adjusted Gross Income, provide:

- W2 Forms or 4 current (within 90 days) and consecutive pay stubs for all jobs. We use the Average Gross income of the paystubs provided to calculate income.
- Plus, documentation of all other income sources. Examples: Child support, Social Security, Pensions, Retirement Accounts, Annuities, Welfare, Food Stamps

If you are recently unemployed, you may provide any of the above documentation, or all of the following:

- Separation letter from previous employer stating last day of employment
- Copy of last paycheck, including severance payments
- Documentation of unemployment benefits
- Documentation of any new employment

To document that you have no income, provide one of the following:

- Your federal Tax Return Transcript (www.irs.gov/individuals/get-transcript)
 - Please note: 1040 forms from 2023 or 2024 can be used from February 1st, 2025 April 15th, 2025. After April 15th, 2025, only 1040 forms from 2024 can be used.



 For EdChoice Expansion applications, a signed and notarized copy of the Not Required to Pay Taxes Per State and Federal Law affidavit available on the scholarship program website.

To request the Minimum Scholarship Award for EdChoice Expansion, without submitting income verification documentation, provide:

• A signed and notarized copy of the Minimum Scholarship Award affidavit available on the scholarship program website.

DO NOT send original documents. Make 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 <u>visit our website</u> 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 <u>edchoice@education.ohio.gov</u> or <u>cleveland.scholarship@education.ohio.gov</u>, if you have any questions.

Income Verification will not be recalculated after the review has been completed.

The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education and Workforce is an <u>equal opportunity employer</u> and provider of <u>ADA services</u>. The Department's <u>Notice of Non-Discrimination</u> applies to all programs and activities.

View the Department's <u>Disability Discrimination Policy</u> and <u>Discrimination Policy Grievance Procedure</u>. For further information on notice of non-discrimination, visit <u>ocrcas.ed.gov/contact-ocr</u> for the address and phone number of the office that serves your area or call 1-800-421-3481.

