

Income Verification Form



Amount of Income: \$ _____ for the tax year: _____

(As a supplement to the FAIR application for families without tax return documents, for DD applications and for Referral Plan requests for families not in FAIR.)

Part 1: Parent's Information

Father's Name or Legal Guardian: _____ Married Single

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Mother's Name or Legal Guardian: _____ Married Single

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

The total number of members in your household: _____ **Do not leave blank.** Incomplete forms will not be accepted.

Part 2: Student's Information (List only students applying for tuition assistance)

Names (First and Last)	School and Grade	SNAP, FDPIR, or TANF case # Skip to Part 5	Ethnicity
			<input type="checkbox"/> Native Am <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian
			<input type="checkbox"/> Native Am <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian
			<input type="checkbox"/> Native Am <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian
			<input type="checkbox"/> Native Am <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian

Part 3: Foster Child (Use a separate application for each foster child)

If this application is for a child who is the responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____ Check if no income. Skip to Part 5.

Part 4: Household Income (how much and how often)

Person Receiving	Work (\$xx,xxx.xx/yr)	Welfare, Child Support, Alimony	Pension, Retirement, Soc. Sec., SSI, VA	All other income

Part 5: Acknowledgement/Completed by

I certify that the above information is correct to the best of my knowledge.

Print name: _____ Signature: _____ Date: _____