

Income Eligibility Survey

For the

Tax Credit for Low Income Students Scholarship Program

This form is to verify the income eligibility of a student for the Tax Credit for Low Income Students Scholarship Program.

There are _____ people in my household, including all children and adults.

The total annual income for all people in the household before any deductions for taxes, insurance, medical expenses, child support, etc. is _____ per year.

Student Name	School	Grade	Date of Birth

Additional students are listed on the back of this page.

I certify (promise) that all information on this application is true, and that all income is reported. I understand that school officials may verify (check) the information.

Signature of Parent or Guardian Date Phone

Student eligible for program based on income: **Yes** **No**