**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.

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| --- | --- | --- | --- |
| **Student Name** | **School** | **Grade** | **Date of Birth** |
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[ ]  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.***

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Signature of Parent or Guardian Date Phone

Student eligible for program based on income:

 **Yes No**