

Summit Preschool Income Verification for EMIS



Student's full Name: _____ Date of Birth: _____ Today's Date: _____

Parent Name: _____ School District _____ Peer IEP _____

Attached is the current w2 for the household

We are required to report information regarding poverty level to the Ohio Department of Education to be used to understand other factors that may affect the education of students. We are asking you to fill out this form so that we can comply with this request. You may also choose not to disclose your income at this time by checking item V. Failure to disclose income will result in being charged full tuition.

I. Please attach a copy of verification of your monthly or yearly income (current tax return).
 II. Number of People in my family is Total # _____ Adults _____ Children _____
 III. Indicate your combined family income level (before deductions) and complete the entire form below.
 IV. For family units with more than 8 members, add additional \$4,420 for each additional family member.
 V. *I do not wish to disclose my income at this time.*

Signature _____

Please check between income range across from the number of family members in your household in which your income falls.

	A		B		C	
Family Size	0%	100%	101%	125%	126%	150%
2	0.00	\$17,420	\$17,421	\$21,775	\$21,776	\$26,130
3	0.00	\$21,960	\$21,961	\$27,450	\$27,451	\$32,940
4	0.00	\$26,500	\$26,501	\$33,125	\$33,126	\$39,750
5	0.00	\$31,040	\$31,041	\$38,800	\$38,801	\$46,560
6	0.00	\$35,580	\$35,581	\$44,475	\$44,476	\$53,370
7	0.00	\$40,120	\$40,121	\$50,150	\$50,151	\$60,180
8	0.00	\$44,600	\$44,601	\$55,750	\$55,751	\$66,900
Tuition Cost	Free		\$510.00		\$510.00	

	D		E		G	
Family Size	151%	175%	176%	185%	> 200%	
2	\$26,131	\$30,485	\$29,594	\$32,227	\$32,228	\$34,840
3	\$32,941	\$38,430	\$37,329	\$40,626	\$40,627	\$43,920
4	\$39,751	\$46,375	\$45,064	\$49,025	\$49,026	\$53,000
5	\$46,561	\$54,320	\$52,799	\$57,424	\$57,425	\$62,080
6	\$53,371	\$62,265	\$60,534	\$65,823	\$65,824	\$71,160
7	\$60,181	\$70,210	\$68,269	\$74,222	\$74,223	\$80,240
8	\$66,901	\$78,050	\$76,004	\$82,510	\$82,511	\$89,200
Tuition Cost	\$890.00		\$890.00		\$1,280.00	

Signature of Parent



Summit Preschool Income Verification Worksheet for EMIS

Child's full name as it appears on birth certificate					
Family size	Total #	Adults		Children	
_____	_____	_____	_____	_____	_____
Source of Income	Mother	Father	Frequency (weekly, monthly, yearly)		
Self –Employment	_____	_____	_____	_____	_____
Employment	_____	_____	_____	_____	_____
Military	_____	_____	_____	_____	_____
Other Income:					
Social Security	_____	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____	_____
Alimony	_____	_____	_____	_____	_____
OWF Cash	_____	_____	_____	_____	_____
	Family member	Amount	Frequency (weekly, monthly, yearly)		
SSI	_____	_____	_____	_____	_____
Stipend	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Child Support	Child name	Amount \$	Paid	Received	Frequency
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Documents Received: (office use only)

Mother

Pay Stub	W-2	1040	Agency Letter
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Father

Pay Stub	W-2	1040	Agency Letter
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Declaration of No Income

If a Family has no income, they must provide a written explanation of how they are meeting basic living expenses, including but not limited to food, Housing/shelter, utilities, and transportation. The family must provide a statement indicating the information provided is true and accurate, must contain a detailed explanation of how all four living expenses noted above are met, and must contain the parent/ guardian signature.

I, _____, verify that neither I nor any member of my family earns any income.

I/We have been meeting our basic needs in the following way:

Food	
Housing/ shelter	
Utilities	
Transportation	

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/ Guardian Printed Name _____

Parent/ Guardian Signature _____

Date _____

Witness Printed Name _____

Witness Signature _____

Date _____