

2025-2026 SCHOLARSHIP PROGRAM

INCOME VERIFICATION FORM

New EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is *optional for renewal applications* in the EdChoice Expansion Scholarship program. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in the EdChoice, EdChoice Expansion, or Cleveland program must submit new household income annually. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or complete and mail the paper form. Emailing documents is not permitted. Household Income will not be recalculated after the review has been completed. Helpful tips can be found on the scholarship website at [EdChoice Scholarship](#) or [Cleveland Scholarship](#).

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 from line 11 of the federal income tax Form 1040 OR line 3 of the Ohio IT 1040 will be used to calculate household income and determine low-income status.

Household size is determined using the tax filers and dependents listed on the tax returns.

HOW TO COMPLETE THE INCOME VERIFICATION PROCESS

1. Complete the parent/guardian and household member section, providing all requested information. This information should match the scholarship application/renewal form.
2. Sign at the bottom of the final page.
3. Gather your Acceptable Income Documentation for submission.

The Parent/Guardian applying for the scholarship must submit Tax Returns as outlined below OR one of two available affidavits for income verification purposes:

TAX RETURNS

- If Parent/Guardian filing status is Married Filing Jointly, provide one of the following:
 - Page 1 of prior year Federal Form 1040 and any additional statement provided to the IRS if you have more than 4 dependents
 - Page 1 of prior year Ohio IT 1040 and the Ohio Schedule of Dependents page (Sequence No. 9)
 - Prior year federal Tax Return Transcript (www.irs.gov/individuals/get-transcript)
- If Parent/Guardian filing status is Married Filing Separately, provide one of the following for both you and your spouse:
 - Page 1 of prior year Federal Form 1040 and any additional statement provided to the IRS if you have more than 4 dependents
 - Page 1 of prior year Ohio IT 1040 and the Ohio Schedule of Dependents page (Sequence No. 9)
 - Prior year federal Tax Return Transcript (www.irs.gov/individuals/get-transcript)
 - *Note: forms must match; both federal or both Ohio*
- If Parent/Guardian filing status is Single, Head of Household, or Qualifying Surviving Spouse, provide one of the following for you and any unmarried partner / significant other if you reside together and share a child:
 - Page 1 of prior year Federal Form 1040 and any additional statement provided to the IRS if you have more than 4 dependents
 - Page 1 of prior year Ohio IT 1040 and the Ohio Schedule of Dependents page (Sequence No. 9)
 - Prior year federal Tax Return Transcript (www.irs.gov/individuals/get-transcript)
 - *Note: forms must match; both federal or both Ohio*

If your income verification submission is made prior to the tax filing deadline of the current calendar year, you may provide your tax return for either of the two prior calendar years.

AFFIDAVITS IN LIEU OF TAX RETURNS

- **NOT REQUIRED TO PAY TAXES PER STATE AND FEDERAL LAW AFFIDAVIT**

If Parent/Guardian and Spouse are not required to file a State or Federal Income Tax Return, they may upload a signed and notarized copy of the NOT REQUIRED TO PAY TAXES PER STATE AND FEDERAL LAW AFFIDAVIT available on the Scholarship [website](#).

OR

- **MINIMUM SCHOLARSHIP AWARD AFFIDAVIT**

If Parent/Guardian wishes to be awarded the minimum EdChoice Expansion scholarship award, they may submit a signed and notarized copy of the MINIMUM SCHOLARSHIP AWARD AFFIDAVIT available on the Scholarship [website](#).

4. Mail this form and Acceptable Income Documentation to:

Ohio Department of Education and Workforce
Office of Nonpublic Educational Options
25 S. Front Street, Mail Stop 309
Columbus, OH 43215-4183

DO NOT send original documents. Send copies and block the first 5 digits of social security numbers, leaving the last 4 digits visible. 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 copies of your records.

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 edchoice@education.ohio.gov or cleveland.scholarship@education.ohio.gov, if you have questions.

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

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INCOME VERIFICATION FORM

PRIMARY PARENT/GUARDIAN

NAME: _____
(First) (Middle) (Last) Marital Status (**required**)

DATE OF BIRTH: _____ Gender: FEMALE MALE LAST FOUR DIGITS OF SSN: _____

PHYSICAL ADDRESS: _____

CITY: _____ OHIO ZIPCODE: _____ RECEIVES INCOME: Yes No

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME OF PRIVATE SCHOOL WHERE YOUR CHILD IS ENROLLED: _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD, including scholarship students. Make a copy of this page if more space is needed.

2) NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ Gender: FEMALE MALE LAST FOUR DIGITS OF SSN: _____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW RENEWAL N/A

RECEIVES INCOME: Yes No TAX RETURN PROVIDED: Yes No

3) NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ Gender: FEMALE MALE LAST FOUR DIGITS OF SSN: _____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW RENEWAL N/A

RECEIVES INCOME: Yes No TAX RETURN PROVIDED: Yes No

4) NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ Gender: FEMALE MALE LAST FOUR DIGITS OF SSN: _____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW RENEWAL N/A

RECEIVES INCOME: Yes No TAX RETURN PROVIDED: Yes No

5) NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ Gender: FEMALE MALE LAST FOUR DIGITS OF SSN: _____

RELATIONSHIP TO YOU: _____

SCHOLARSHIP STATUS (CHECK ONE): NEW RENEWAL N/A

RECEIVES INCOME: Yes No TAX RETURN PROVIDED: Yes No

X _____

Signature of Primary Parent/Guardian

_____ Date

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

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