



**Choice Scholarship Program  
Household Summary Form  
2026-2027**

**This form should be completed according to the Choice Scholarship Income Verification Rules and Choice Scholarship Program Income Verification FAQ. All income information requires documentation.**

This form is to be completed when:

- 2025 Taxes were not filed.
- 2025 Taxes were filed, but are inaccurate because:
  - The parents/guardians have legally separated or divorced.
  - There was a death of a household member.
  - There was an involuntary loss of employment.
  - Involuntary reduction of hours.
- There are multiple tax forms to combine to get total household income.
- When the information reported for household size and income on the student’s application do not match exactly the federal tax form 1040.

Provide a detailed explanation of the household circumstances on the lines to the right. This explanation should be sufficient to allow auditors to understand the situation leading to the use of this form.

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If the household size on the tax form does not accurately reflect the number of people living in the household, use the lines here to list all people living in the household. Household members over the age of 18 should sign the line to the right of their name. If space is needed for additional household members, use a separate page to list them and attach it to this form.

| <u>Name</u> | <u>Signature</u> |
|-------------|------------------|
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AGI on 2025 Federal Tax Return: **\$**       Income submitted on Choice application: **\$**

Household size on 2025 Federal Tax Return:       Household size submitted on Choice application:

By signing below, I certify that I have provided the Choice school with all supporting documentation for my child’s Choice Scholarship application and the above information is accurate to the best of my knowledge. I understand that providing inaccurate information may result in the denial and/or forfeiture of the Choice Scholarship.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date



**Choice Scholarship Program  
Income Calculation Worksheet**

Annual total should be entered for each item. (Calculate monthly payment x 12, etc.)

| Income Type  | Household Member Name: | Household Member Name: | Household Member Name: | Household Member Name: |
|--|------------------------|------------------------|------------------------|------------------------|
| AGI on Tax Forms -OR- Gross Income from W-2 or calculated income from paystubs, statements, etc. | \$                     | \$                     | \$                     | \$                     |
| Income from self-owned farm or business  | \$                     | \$                     | \$                     | \$                     |
| Strike benefits, Worker's Comp, Unemployment   | \$                     | \$                     | \$                     | \$                     |
| Public Assistance Payment/Welfare Benefits (not SNAP)  | \$                     | \$                     | \$                     | \$                     |
| Alimony and/or Child Support Payments  | \$                     | \$                     | \$                     | \$                     |
| Distributions from pensions, Retirement income, Veteran's benefits                               | \$                     | \$                     | \$                     | \$                     |
| Social Security  | \$                     | \$                     | \$                     | \$                     |
| Supplemental Security  | \$                     | \$                     | \$                     | \$                     |
| Supplemental Security Income   | \$                     | \$                     | \$                     | \$                     |
| Disability or Life Insurance Benefits  | \$                     | \$                     | \$                     | \$                     |
| Other Income   | \$                     | \$                     | \$                     | \$                     |
| Totals for each household member:  | \$                     | \$                     | \$                     | \$                     |

Add total income of each household member to calculate **Total Household Income:** \$ \_\_\_\_\_

List Documents Used for Verification: \_\_\_\_\_  
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Comments: \_\_\_\_\_  
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**Choice Scholarship Program  
Income Assurance Form**

**Earnings from work** \$ \_\_\_\_\_  
Wages, salaries, tips, commissions, overtime pay, bonuses,  
income from self-owned business/farm, strike benefits, unemployment,  
and/or worker's compensation

**Welfare** \$ \_\_\_\_\_  
Public assistance and welfare benefits

**Alimony and/or Child Support** \$ \_\_\_\_\_

**Child's Income** \$ \_\_\_\_\_  
Earnings of a child who is a full-time or regular part-time employee

**Retirement** \$ \_\_\_\_\_  
Pensions, retirement income, veterans' benefits, Social Security,  
and/or supplemental security income

**Disability Benefits** \$ \_\_\_\_\_

**Investment Accounts** \$ \_\_\_\_\_

**Rental Income** \$ \_\_\_\_\_  
Rental income, annuities, and/or royalties

**Interest and Dividend Income** \$ \_\_\_\_\_

**Inheritance** \$ \_\_\_\_\_  
Inheritance, income from estates, trusts, and/or investments

**Contributions** \$ \_\_\_\_\_  
Regular contributions from persons not living in the household

**Cash** \$ \_\_\_\_\_  
Cash or investment gift

**Military** \$ \_\_\_\_\_  
Military pay not received as a result of the service member's deployment to/service  
in an area that has been designated as a combat zone and/or military pay that is  
received prior to the service member's deployment to/service in an area designated  
as a combat zone

**Life Insurance Benefits** \$ \_\_\_\_\_

**Living Allowance** \$ \_\_\_\_\_  
Money given to a family for house payments and other living expenses

**Total \$** \_\_\_\_\_

I attest that:

- I have provided the Choice school with all financial information included in our household income.
- I have provided documentation to support all amounts listed above as part of our household income.
- If it is discovered that I have not disclosed all information for the household income, my child's Choice application and eligibility may be revoked.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Choice Scholarship Program  
Household Size Assurance Form**

**Foster Children and Foreign Exchange Students** :

Foster children and foreign exchange students are considered to be members of the household in which they reside

**Divorce or Separation** :

Children of divorce or separated parents are generally part of the household that has custody. When joint custody has been awarded and the child physically changes residence, the child is considered part of the household where he/she resides for the majority of the year.

**Emancipated Child** :

An emancipated child living alone is considered to be household size of one.

**Child Attending an Institution** :

A child who attends, but does not reside, in an institution is considered a member of the household in which the child resides.

**Child Away at School** :

A child who is temporarily away at school (college or boarding school) is included as a member of the household.

**Child Living with One Parent, Relative, or Friend** :

If no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relative relatives, or friends of the family, the child is considered to be a member of the household with whom the child resides.

**Deployed Service Personnel** :

Any member of the armed services who is activated or deployed in support of any military combat operation is counted as a household member.

**Newborn Child** :

A newborn child (born after the household taxes have been filed) is included in the household

**Persons Residing in Household** :

Related and unrelated persons living in same household

**Total people living in household** : \_\_\_\_\_

I attest that:

- Additional documentation has been provided for all household members who contribute to the household income.
- By signing below, I certify that the above information is accurate to the best of my knowledge and I understand that providing inaccurate information may result in a denial or forfeiture of the Choice Scholarship.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date