



## UPK 1.0 Scholarship Income & Residency Verification Form 2017-18

This form is required to document the parents' eligibility for a UPK scholarship based on their gross income and to document that families receiving scholarship assistance are residents of Cuyahoga County. Please attach the document(s) used to verify the parents' income and residency.

Provider: \_\_\_\_\_ Child name: \_\_\_\_\_

Date: \_\_\_\_\_

Document used to verify Parents' Total Family Gross Income (please attach)

Check one: Weekly \_\_\_\_\_  
 Bi-Weekly \_\_\_\_\_  
 Monthly \_\_\_\_\_  
 Bi-Monthly \_\_\_\_\_  
 Annually \_\_\_\_\_

Check all that apply:

- \_\_\_\_\_ Two most recent check stubs (**PREFERRED**)
- \_\_\_\_\_ Prior year's tax return **AND** IRS Form W – 2
- \_\_\_\_\_ Documentation for **all** unearned income (award letter and/or summary statement)
- \_\_\_\_\_ Statement/documentation of self-employment
- \_\_\_\_\_ A copy of the child care authorization letter for subsidized care (**Only if \$0 co-pay**)

If parent did not provide child care authorization letter, residency was documented by (please attach):

- Check one:
- \_\_\_\_\_ Most recent check stub with home address
  - \_\_\_\_\_ Current form of identification with address
  - \_\_\_\_\_ Current utility bill

Total Family ANNUAL Gross Income: \_\_\_\_\_  
 (Calculate from above OR Based on Line 22 from IRS 1040 Tax Return)

Family Size: \_\_\_\_\_

Note: Annual Family Gross Income and family size must be entered into COPA.

Indicate where the parents' ANNUAL GROSS income falls on the Federal Poverty Level Scale (refer to table below)

- Check one
- \_\_\_\_\_ Below 100% FPL
  - \_\_\_\_\_ Below 200% FPL
  - \_\_\_\_\_ Below 300% FPL
  - \_\_\_\_\_ Below 400% FPL
  - \_\_\_\_\_ Above 400% FPL

I attest that all income and residency information is true and accurate and I will inform the provider of any changes. I understand that by submitting this information my child is entitled to scholarship assistance of one-half of the parent fee if my income is below 200% of the FPL, or one-third of the parent fee if my income is more than 200% FPL, but less than 400% of the FPL.

X \_\_\_\_\_  
 Parent Signature

### 2017 Federal Poverty Guidelines – Annual Gross Income

	100%	200%	300%	400%
1	\$12,060	\$24,120	\$36,180	\$48,240
2	\$16,240	\$32,480	\$48,720	\$64,960
3	\$20,420	\$40,840	\$61,260	\$81,680
4	\$24,600	\$49,200	\$73,800	\$98,400
5	\$28,780	\$57,560	\$86,340	\$115,120
6	\$32,960	\$65,920	\$98,880	\$131,840
7	\$37,140	\$74,280	\$111,420	\$148,560
8	\$41,320	\$82,640	\$123,960	\$165,280

Office Use Only:

Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_

Scholarship Rate: \_\_\_\_\_

Date \_\_\_\_\_

\*For families/households with more than 8 persons, add \$4,180 for each additional person