



UPK Scholarship Income & Residency Verification Form 2018-2019

This form is required to document the caretakers' 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 caretakers' income and residency.

Provider: _____ Child name: _____

Date: _____

Document used to verify Caretakers' 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 caretaker 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 caretakers' 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 scholarship assistance of thirty-three percent of the parent fee if my income is more than 200% FPL but less than 300% of the FPL.; or scholarship assistance of twenty-five percent of the parent fee if my income is more than 300% FPL but less than 400% of the FPL

X _____
 Parent Signature

2017 Federal Poverty Guidelines – Annual Gross Income

	100%	200%	300%	400%
1	\$12,140	\$24,280	\$36,420	\$48,560
2	\$16,460	\$32,920	\$49,380	\$65,840
3	\$20,780	\$41,560	\$62,340	\$83,120
4	\$25,100	\$50,200	\$75,300	\$100,400
5	\$29,420	\$58,840	\$88,260	\$117,680
6	\$33,740	\$67,480	\$101,220	\$134,960
7	\$38,060	\$76,120	\$114,180	\$152,240
8	\$42,380	\$84,760	\$127,140	\$169,520

Office Use Only:

Eligible _____ Ineligible _____

Scholarship Rate:

50% _____ 33% _____ 25% _____

Date _____

*For families/households with more than 8 persons, add \$4,320 for each additional person