

# EDUCATIONAL OPPORTUNITY CENTER PARTICIPANT INCOME VERIFICATION FORM



The Educational Opportunity Center (EOC) is a federally funded TRiO program and is required by the U.S. Department of Education to obtain income information for participants. It is important that you complete the form below or provide a copy of your tax return (1040, 1040A, or 1040EZ) for the current year. If you are currently married (including legal same sex marriages) income information for both you and your spouse is required. **All financial information will be kept confidential and will only be used for federal reporting purposes.**

Participant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

## PARENT EDUCATION INFORMATION

Did the participant's MOTHER **graduate** from college with a four-year degree? ☐ YES ☐ NO ☐ UNKNOWN

Did the participant's FATHER **graduate** from college with a four-year degree? ☐ YES ☐ NO ☐ UNKNOWN

## PARTICIPANT INCOME INFORMATION

Did you complete an IRS income tax return? ☐ YES ☐ NO TAX YEAR \_\_\_\_\_

What is your **adjusted gross income**? \$ \_\_\_\_\_

What is your **taxable income** (if you filed a tax return)? \$ \_\_\_\_\_

As of today, are you currently a **dislocated worker**? ☐ YES ☐ NO

How many people are in your **household**? \_\_\_\_\_

How many will be in college during the **award year**? \_\_\_\_\_

What is your marital status as of today? (check one)

☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Month and year you were married, separated, divorced or widowed \_\_\_\_ / \_\_\_\_

Check if anyone in the household received any of the following benefits in

☐ 2014 ☐ 2015 ☐ 2016 (check years benefits received)

- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Free or Reduced Priced School Lunch
- ☐ Family Independence (FI)
- ☐ Special Supplemental Nutrition for Women, Infants, and Children (WIC)

## CERTIFICATION AND SIGNATURES

- > I/We certify that all the information provided including my **taxable income and/or annual gross income** is correct and true to the best of my knowledge.
- > I/We understand that the information provided on this application will be held in confidence by the EOC staff.
- > I/We authorize the release of my school and/or financial records to the EOC program, including test scores and any other academic information and test results necessary to complete the program's application process.

**Adjusted gross income (AGI)** includes the amount of money earned in a year from working, wages, and tips. Use the box at the bottom of this form to locate your AGI on your tax return.

**Taxable income** is the amount of income the federal government will actually tax. Use the box at the bottom of this form to locate your taxable income on your tax return.

You are considered a **dislocated worker** if you have been laid off from a job or are currently receiving unemployment benefits, or are a displaced homemaker.

The **household size** is the number of people for whom the individual provides more than 50 percent of their support for the entire award year (see academic year below for clarification). This may include people who live in the home, children who live outside the home, and unborn children who will receive more than half of the individual's support during the award year.

An **award year** begins July 1 of the first year and ends June 30 of the second year. For example, the 2015-16 award year is July 1, 2015 – June 30, 2016.

Income Type	Tax Form	Line Item
Taxable Income	1040EZ	Line 6
	1040A	Line 27
	1040	Line 43
Adjusted Gross Income	1040EZ	Line 4
	1040A	Line 21
	1040	Line 37
	W2	Box 1

Student Signature \_\_\_\_\_

Date \_\_\_\_\_