



EDUCATIONAL ACCESS PROGRAM

Parent/Guardian Income Verification Form

Reminder: You are receiving this email because your dependent is applying for services from TRIO Educational Access Programs. To determine eligibility, we must verify household income for all dependents under the age of 24.

You may refer to the IRS 1040 Form or 1040-SR Form Line 15 for this information. If you do not file an income tax return, you may estimate your taxable income by taking your monthly income (SSI, disability, Unemployment, etc.) multiply by 12 and subtract the standard deduction of \$13,850 for head of household or \$27,700 for head of household filing jointly.

Taxable Household Income Last Year (Required by the U.S. Department of Education)

The number of individuals living in my household and/or claimed as dependents (including myself) is ____ Please select taxable (not total) income for last year (refer to IRS 1040 & 1040-SR line 15)

- Income brackets: \$0 - \$21,870; \$21,871 - \$29,580; \$29,581 - \$37,290; \$37,291 - \$45,000; \$45,001 - \$52,710; \$52,711 - \$60,130; \$60,131 - \$68,130; \$68,131 - \$75,840; \$75,841 - Above

- I certify that the above information is true and complete to the best of my knowledge.
I certify that my dependent is a permanent resident or US Citizen.
I authorize the release of my dependent's (if under the age of 18) high school (transcripts, standardized tests scores, special needs documentation, and enrollment status) to the Educational Access Program.
I give permission for my dependents to attend EAP activities.
I authorize the release and exchange of my dependent's financial aid information from colleges and federal government to EAP.
I understand that the completion of this application does not guarantee acceptance in the EAP
I understand that the completion of this application will be held in confidence by the EAP.
I authorize the use of my dependent (if under the age of 18) photograph in EAP publications and media releases to the EAP program.
I understand that if my dependent's (if under the age of 18) need accommodations for a disability to participate in EAP, or any of its scheduled activities, I must contact the Educational Access Program.

Parent/Guardian Signature _____

Printed Name: _____ Date: _____