



## Lutheran Scholarship Granting Organization Income Verification Form 2018-2019 School Year

This document is to be used when a 2017 Federal Tax Return is not available or if the Household Income entered on the Scholarship Application is different from the Adjusted Gross Income on the 2017 Federal Tax Return. This form, the Income Calculation Worksheet on page two, and the documentation used to verify the household income must be kept in the student's application file.

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

School Name: \_\_\_\_\_

Total Annual Household Income: \_\_\_\_\_ Total Household Size: \_\_\_\_\_

Explain in detail why a 2017 Federal Tax Return is not provided or is different from the income entered on the Scholarship Application:

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What documentation was used to verify household income? (Check all that apply)

- W-2
- Paystub
- Unemployment compensation statement
- Social Security benefits statement
- Pension or annuity statements
- Retirement or Investment account statements
- Military retirement benefits statement
- Employer statement on company letterhead
- Other: \_\_\_\_\_

By signing below, I certify that the above information is accurate to the best of my knowledge and understand that providing inaccurate information may result in a denial or forfeiture of the scholarship.

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## Household Income Calculation Worksheet

**Annual** total should be entered for each item. (Calculate monthly payment x 12; bi-monthly payment x 24, etc.)

	<b>Income Type</b>	<b>Household Member name:</b>	<b>Household Member name:</b>	<b>Household Member name:</b>	<b>Household Member name:</b>
<b>Earnings From Work</b>	Adjusted Gross Income from taxes OR Gross Income from W2 or calculated income from paystubs, statements, etc.:	\$	\$	\$	\$
	Net Income from Self-Owned Farm or Business:	\$	\$	\$	\$
	Strike Benefits, Unemployment Compensation, and Workers' Compensation:	\$	\$	\$	\$
<b>Welfare/ Child Support/ Alimony</b>	Public Assistance Payments/Welfare Benefits:	\$	\$	\$	\$
	Alimony or Child Support Payments:	\$	\$	\$	\$
<b>Retirement/ Disability Income</b>	Regular Distributions From Pensions, Retirement Income, Veteran's Benefits:	\$	\$	\$	\$
	Social Security:	\$	\$	\$	\$
	Supplemental Security Income:	\$	\$	\$	\$
	Disability or Life Insurance Benefits:	\$	\$	\$	\$
<b>Other Income</b>	Other Income:	\$	\$	\$	\$
<b>Totals for each Household Member:</b>		\$	\$	\$	\$
<b>Total Household Income:</b>					
(Add the totals for each household member)					

<b>Documents used for verification (include copies in student file):</b>
<b>Comments:</b>