

## HOUSEHOLD SUMMARY FORM 2025-2026 School Year

Making the dream of a Christian education a reality for families through scholarships!

This document when used, is to be kept in the student's application file and is used when:

- The 2024 Federal Tax Return is not available
- The household size on the 2024 Federal Tax Return is incorrect
- The household income or AGI on the 2024 Federal Tax Return is incorrect
- Individuals are living in the household, in addition to those listed on the 2024 Federal Tax Return

| tudent:  | Parent/Guardian:   |                          |  |  |  |
|--|--|--------------------------|--|--|--|
| chool Name (City):   |  |                          |  |  |  |
| Which household fields are incorrect? Household Inco   | ome: Total Household Size:   |                          |  |  |  |
| Vhat has caused the selected field(s) above to be inco   |  |                          |  |  |  |
| the household <b>size</b> is incorrect, list all individuals (in<br>ver the age of 18 must sign next to their name. Any<br>ousehold income reported on the scholarship applica | cluding children) that are included in the one listed below must also have their inc | household size. Anyone   |  |  |  |
| <u>lame</u>  | Signature  |                          |  |  |  |
|  |  |                          |  |  |  |
|  |  |                          |  |  |  |
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|  |  |                          |  |  |  |
|  |  |                          |  |  |  |
|  |  |                          |  |  |  |
| Household Size on 2024 Federal Tax Return (if av   | vailable): Household Size on App   | lication:                |  |  |  |
| If the household <b>income</b> is incorrect list the docur   |  |                          |  |  |  |
|  |  |                          |  |  |  |
| AGI on 2024 Federal Tax Return (if available):   |  | lication:                |  |  |  |
| By signing below, I certify that the above informa providing inaccurate information may result in a d  | •  | edge and understand that |  |  |  |
| <br>Printed Name of Parent/Guardian  | Signature  | <br>Date                 |  |  |  |



## HOUSEHOLD INCOME CALCULATION WORKSHEET 2025-2026 School Year

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

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

| Documents used for verification (include copies in student file): |
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| <del></del>   |
| Notes:  |
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