

Household Summary Form 2023-2024

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

- The 2022 Federal Tax Return is not available
- The household size on the 2022 Federal Tax Return is incorrect
- The household income or AGI on the 2022 Federal Tax Return is incorrect
- Individuals are living in the household, in addition to those listed on the 2022 Federal Tax Return

If the household **size** is incorrect, list all individuals (including children) that are included in the household size. Anyone over the age of 18 must sign next to their name. Anyone listed below must also have their income included in the household income reported on the scholarship application.

Name	Signature		
Household Size on 2022 Federal Tax Return (if available):	Household Size on Application:		
If the household income is incorrect list the documentation tha			
AGI on 2022 Federal Tax Return (if available):			
By signing below, I certify that the above information is accurat providing inaccurate information may result in a denial or forfe	te to the best of my knowledge and understand that		
Printed Name of Parent/Guardian Signature	Date		
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Household Income Calculation Worksheet 2023-2024

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

	Income Type	Household Member name:	Household Member name:	Household Member name:	Household Member name:	
Earnings From Work	Adjusted Gross Income from federal 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:	\$	\$	\$	\$	
Welfare/ Child Support/ Alimony	Public Assistance Payments/Welfare Benefits:	\$	\$	\$	\$	
	Alimony and/or Child Support Payments:	\$	\$	\$	\$	
Retirement/ Disability Income	Regular Distributions From Pensions, Retirement Income, Veteran's Benefits:	\$	\$	\$	\$	
	Social Security:	\$	\$	\$	\$	
	Supplemental Security Income:	\$	\$	\$	\$	
	Disability or Life Insurance Benefits:	\$	\$	\$	\$	
Other Income	Other Income:	\$	\$	\$	\$	
Totals for each Household Member:		\$	\$	\$	\$	
Total Household Income: (Add the totals for each household member)						

Documents used for verification (include copies in student file):

Notes: