



## **Scholarship Application Income Documentation Information:**

Income documentation is required for all adults in the household and proof of dependents is required for children. Applicants will be asked for more information if not all household members are listed on the submitted documents.

### **Preferred Method:**

- ❖ **Submit a copy of your 2024 1040 Federal Income Tax Return** with all household members listed. No other documents are required if it includes all household members and income sources. When submitting documentation, please block out all social security numbers and bank routing numbers.

### **If you do not file taxes alternate documents may be accepted:**

- ❖ **Public Assistance Programs:** Include documents that list all household/family members or include a birth certificate for all listed dependents. If the benefit is not your only source of income, you must also provide those income source documents. We cannot accept screen shots of online accounts. The benefit letter must list your name, the benefit amount, and a recent date (we cannot accept an expired benefit letter).
  - **Temporary Assistance for Needy Families (TANF)**
  - **Social Security Income for Disability (SSI)**
  - **Developmental Disability Administration (DDA)**
  - **SNAP benefit letter.**
- ❖ **Unemployment Statement:** If you receive an unemployment benefit you may submit the benefit letter with the weekly breakdown of payments and when the benefit expires. If at any point in time your employment changes you are required to notify the scholarship office of your income change.
- ❖ **One (1) Month of recent paycheck stubs (2 months if you are part time):** Submit for all listed household/family members- 18yrs and older. A Birth Certificate for all listed dependents must be included with the application. If you have other income sources besides your paystubs, you must provide that documentation as well. Gross monthly income is used for eligibility calculations, before taxes/deductions.
- ❖ **Social Security Benefits Documentation:** (SSI or SSA-1099). If Social Security is not your only source of income (such as if you receive income from pensions, annuities, business income, etc.), a 1040 Federal Income Tax Return must also be submitted.
- ❖ **Full- time Student verification:** Adult students receiving financial aid may qualify for scholarship. Students must submit their class schedule, financial aid award letter, and documents for any other income sources to reflect the income status of the adult student listed on the application. This includes funding from sponsors and all funding provided from the university. If the student is claimed as a dependent (or is financially dependent-under 25yo typically), the parent(s)/guardian(s) must provide their 1040 income tax information and household size including the student to be considered.

- ❖ **Visiting from another country:** If you are a visiting professor/student we require copies of your Visa paperwork, and letters/agreements between you, the university, the US government, and your home country and your 2024 1040 if you file. You must declare ALL income sources including from your home country and from sponsors. All dependents must provide their visa paperwork as well.
- ❖ **Lack of Income Documentation:** If the adults in the household have no source of income, we require documentation of zero income. Please reach out to the scholarship office for help in this scenario.
- ❖ **Cash Worker:** If you are a cash worker and have no way to document your income sources, please reach out to the scholarship office.
- ❖ **Foster child:** Foster children can apply for scholarship as a household of one. Please provide foster care paperwork that lists both the foster parent and the foster child.
- ❖ **We do not accept W-2s, 1040 transcripts, previous years 1040 tax returns, bank statements, screen shots of online accounts, Apple Health cards, other benefit cards, or Utility discount bills.**

For questions, please contact [scholarship.parks@seattle.gov](mailto:scholarship.parks@seattle.gov)

## Examples of Documents:

### 2024 1040 Tax document page 1 & 2

**1040** Department of the Treasury - Internal Revenue Service **2024** U.S. Individual Income Tax Return

OMB No. 1545-0047 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning 2024, ending 2024.

Your first name and middle initial: Jane Blue  
Last name: Blue  
If joint return, spouse's first name and middle initial: George Blue  
Last name: Blue

Home address (number and street), if you have a P.O. box, see instructions: 222 2nd Ave St  
City, town, or post office, if you have a foreign address, also complete spaces below: Seattle WA ZIP code: 98125

Foreign country name: Foreign postal code/country: Foreign postal code: Foreign postal code:

**Filing Status** (see instructions):  
☐ Single  
☐ Married filing jointly (even if only one had income)  
☐ Married filing separately (MFS)  
☐ Qualifying surviving spouse (QSS)  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.  
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

**Digital Assets** (see instructions):  
 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** (see instructions):  
☐ Someone can claim:  
☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1960 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

**Dependents** (see instructions):  
 If more than four dependents, see instructions and check here: ☐ Yes ☒ No

Dependent's name: Apple Blue, Margo Blue, Tom Blue  
 (b) Social security number: [redacted]  
 (c) Relationship to you: [redacted]  
 (d) Check the box if qualifies for (see instructions):  
☐ Child tax credit ☐ Credit for other dependents

**Income** (see instructions):  
 1a Total amount from Form(s) W-2, box 1 (see instructions): 60,000  
 1b Household employee wages not reported on Form(s) W-2:  
 1c Tip income not reported on line 1a (see instructions):  
 1d Tax-exempt interest (see instructions):  
 1e Taxable interest (see instructions):  
 1f Ordinary dividends (see instructions):  
 1g Taxable amount (see instructions):  
 1h Dividend distributions (see instructions):  
 1i Nonqualified plan distributions (see instructions):  
 1j Add lines 1a through 1h:  
 1k Tax-exempt interest (see instructions):  
 1l Qualified dividends (see instructions):  
 1m PFA distributions (see instructions):  
 1n Pensions and annuities (see instructions):  
 1o Social security benefits (see instructions):  
 1p If you elect to use the lump-sum election method, check here (see instructions):  
 1q Capital gain or (loss). Attach Schedule D if required. If not required, check here: ☐ Yes ☒ No  
 1r Additional income from Schedule 1, line 10:  
 1s Add lines 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 1i, 1j, 1k, 1l, 1m, 1n, 1o, 1p, 1q, and 1r. This is your **total income**: 60,000  
 1t Adjustments to income from Schedule 1, line 20:  
 1u Subtract line 1t from line 1s. This is your **adjusted gross income**: 60,000  
 1v Standard deduction or itemized deductions (from Schedule A):  
 1w Qualified business income deduction from Form 8995 or Form 8995-A:  
 1x Add lines 1v and 1w:  
 1y Subtract line 1x from line 1u. If zero or less, enter -0-. This is your **taxable income**: 60,000

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11338B Form 1040 (2024)

Form 1040 (2024) Page 2

**Tax and Credits** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐

16 Tax (see instructions): 16  
 17 Amount from Schedule 2, line 3: 17  
 18 Add lines 16 and 17: 18  
 19 Child tax credit or credit for other dependents from Schedule 8812: 19  
 20 Amount from Schedule 3, line 8: 20  
 21 Add lines 19 and 20: 21  
 22 Subtract line 21 from line 18. If zero or less, enter -0-: 22  
 23 Other taxes, including self-employment tax, from Schedule 2, line 21: 23  
 24 Add lines 22 and 23. This is your **total tax**: 24

**Payments** (see instructions):  
 25 Federal income tax withheld from:  
 a Form(s) W-2: 25a  
 b Form(s) 1099: 25b  
 c Other forms (see instructions): 25c  
 d Add lines 25a through 25c: 25d  
 26 2024 estimated tax payments and amount applied from 2023 return: 26  
 27 Earned income credit (EIC): 27  
 28 Additional child tax credit from Schedule 8812: 28  
 29 American opportunity credit from Form 8863, line 8: 29  
 30 Reserved for future use: 30  
 31 Amount from Schedule 3, line 15: 31  
 32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**: 32  
 33 Add lines 25d, 26, and 32. These are your **total payments**: 33

**Refund** (see instructions):  
 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**: 34  
 35a Amount of line 34 you want **refunded** to you. If Form 8868 is attached, check here: 35a  
 b Routing number: 35b  
 c Type: ☐ Checking ☒ Savings  
 d Account number: 35d  
 e Amount of line 34 you want **applied to your 2025 estimated tax**: 35e

**Amount You Owe** (see instructions):  
 36 Subtract line 33 from line 24. This is the **amount you owe**: 36  
 For details on how to pay, go to [www.irs.gov/Payments](http://www.irs.gov/Payments) or see instructions.  
 37 Estimated tax penalty (see instructions): 37

**Third Party Designee** (see instructions):  
 Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No


Designee's name: [redacted] Phone no.: [redacted] Personal identification number (PIN): [redacted]

**Sign Here** (see instructions):  
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? ☐ Yes ☒ No  
 If joint return, both must sign.  
 Taxpayer's signature: Jane Blue Date: 1/15/25 Your occupation: worker  
 Spouse's signature: George Blue Date: 1/15/25 Spouse's occupation: worker  
 Preparer's name: [redacted] Preparer's signature: [redacted] Date: [redacted] PTIN: [redacted] Check it: ☐ Self-employed  
 Form 1040 (2024)

Block out social security numbers and bank routing numbers

## TANF benefit letter

OLYMPIA PO BOX 11699 TACOMA WA 98411-6699	 Washington State Department of Social & Health Services Phone # Toll Free # 877-501-2233 Client ID # 123456789
05/04/15	
BONNIE M CLIENT 826 TIPSOO LOOP S RAINIER WA 98576-9745	
Dear BONNIE M CLIENT	
You will receive the following benefits:	
Cash – Aged, Blind, Disabled Assistance (ABD)	Begin Date 05/04/15 End Date 04/30/16
Basic Food Assistance (federal)	05/04/15 04/30/16
Cash – Aged, Blind, Disabled Assistance (ABD)	First Issuance \$177.00 Second Issuance \$197.00 Future Issuances \$197.00
Basic Food Assistance (federal)	\$174.00 \$194.00 \$194.00
Your cash benefit will be available on day 1 of each month.	
You must:	
<ul style="list-style-type: none"><li>• Apply for Supplemental Security Income (SSI) if you meet SSI citizenship requirements.</li><li>• Cooperate with chemical dependency treatment if you are assessed as dependent on drugs or alcohol.</li></ul>	
Your food benefit will be available on day 7 of each month.	
We will add your benefits to an Electronic Benefits Transfer (EBT) account.	
<b>DSHS Has Two Food Programs</b>	
DSHS has a federal food program called Basic Food. To receive federal Basic Food benefits, you must meet all federal rules, which require U.S. citizenship or certain alien status. 7 CFR 273.4	

This letter includes begin date, end date, adult's name, benefit amount)

This benefit letter does not list the dependent children in the household. Birth certificates or other proof of dependency are therefore required.