

# **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 <a href="mailto:scholarship.parks@seattle.gov">scholarship.parks@seattle.gov</a>

# **Examples of Documents:**

#### 2024 1040 Tax document page 1 & 2

	U.S. Individual Income T		CME No. 1545		- On rot write or sit	
For the year Jan	1-Dec. 31, 2024, or other tax year beginning	, 2004, ending			See separate instructions.	
Your first name	and middle initial	Last name	Your social security number			
Jane	couse's first name and mode initial	Bhae	x Spouse's social security numb			
George	posses was name and middle middle	Rha				
Home address	number and sitnet). If you have a P.O. box, s			Apt. no.	Presidential El	ection Campaig
222 2nd Ave					Check here if y	
	ost office. If you have a foreign address, also	complete spaces below.	State	ZIP code	spouse if filing to go to this fur	nd. Checking a
Seattle Foreign countr	I DAMA	Foreign provinci	wa	98125 Foreign postal code	box below will your tax or refu	
1009.0000		roog pouro			D Y	
Filing Status	Single	•	Head	of household (HO	6	
Check only	Married filing jointly (even if only	one had income)				
one box.	Married filing separately (MFS)		C Qualit	ying surviving spo	use (QSS)	
	If you checked the MFS box, enter t	the name of your spous				me if the
	qualifying person is a child but not y					
	I I treating a nonresident alien or			e ontre tax year, i	check the box a	and enter
	their name (see instructions and	attach statement if req	urea:	1	22.22	1
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Deduction	Someone can claim: I fou as a					
Deduction	L. opouse temperate on a separate ref	um or you were a due-	status allen			
Age/Blindnes	You: Were born before January 2	1960 🗌 Are blind	Spouse: 🗌 Was bor	m before January :	2, 1960 🔲 8	s blind
Dependent	s (see instructions):	(2) Social	security (3) Pelatorist		or it qualities for	
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and check	Tom Blue					
here						
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Block out social security numbers and bank routing numbers

Form 1040 (202	-			and the second se		-		-	Page 2
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Credits	17	Amount from Schedule 2,	line 3	4-14-14-14		* * * * *		17	
	18	Add lines 16 and 17			E E E - E - E	1.1.1.1.1		18	-
	19	Child tax credit or credit f				1.1.1.1		19	
	20	Amount from Schedule 3,		1.1.1.1		1.1.1.1		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		A CALLARDA			4.4.4	24	
Payments	25	Federal income tax within				1			
		Form(s) W-2				25a		-	
	b	Form(s) 1099		* * * *		250		-	
	e	Other forms (see instruct)		* * * *		250		10000	
	d	Add lines 25a through 25				0.0.0.0	4.4.4	26d	
If you have a	26	2024 estimated tax paym			023 return	1.1.1.1.1		26	
qualifying child, attach Sch. EIC. (	27	Earned income credit (EK				27	_		
	28	Additional child tax credit I			10.505-505	28	_	-	
	29	American opportunity cre				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3,				31			
	32	Add lines 27, 28, 29, and	P.1.4 PR050 EXC 401			notible crédit		32	
		Add lines 25d, 26, and 32							
Refund	34 35a					34			
Direct deposit? See instructions.	b d 36	Routing number Account number Amount of line 34 you wa	nt applied to you	2025 estimat		X 36	Savings		
Amount You Owe	37	For details on how to pay, go to www.ins.gov/Payments or see instructions			37				
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Third Party Designee	-	you want to allow anoth tructions				. Yes	Complete		No No
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### TANF benefit letter

OLYMPIA PO BOX 11699 TACOMA WA 98411-6699		รี้	Department of Social & Health Services Phone #				
05/04/15			Toll Fre # 877-501-2233				
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 (. Basic Food Assistance (federal)	-	Begin Date 05/04/15 05/04/15	End Date 04/30/16 04/30/16				
Cash – Aged, Blind, Disabled Assistance	First Issuand \$177.00	e Second Iss \$197.00	uance Future Issuances \$197.00				
(ABD) Basic Food Assistance (federal)	\$174.00	\$194.00	\$194.00				
Your cash benefit will be available on day	1 fich men	et.					
You must:							
<ul> <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 an month.							
We will add your benefits to an Electronic Benefits Transfer (EBT) account.							
DSHS Has Two Food Programs							
DSHS has a federal food program called B you must meet all federal rules, which requ 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.