



**Alternate Form for Income Verification
for the
BOOST (Broadening Options and Opportunities for Students Today) Scholarship Program**

For guardians that are not required to file a federal tax return, it is required that an Alternate Form for Income Verification and supporting documentation is submitted. Follow the instructions below.

Instructions:

Before completing this form, please verify that you are not required to file a federal tax return by completing the survey from the IRS: <https://www.irs.gov/help/ita/do-i-need-to-file-a-tax-return>

This is the link to the Internal Revenue Service (IRS) Interactive Tax Assistant (ITA), which is a tool that can advise you as to whether you are required to file a federal income tax return.

If the IRS requires you to file a federal tax return, you CANNOT use this alternate form. If the IRS does not require you to file a federal tax return, please follow the steps below.

1. Complete the blank fields below and save the file to your computer
2. Convert the file to pdf format and sign
3. Attach supporting documentation (examples include: W2 forms, IRS form 1099, State Social Services Benefits letter, Social Security Disability (SSDI) and Supplemental Security Income (SSI) letter, IRS Schedules, profit & loss statement, retirement income statement, etc.)
4. Upload this form to your BOOST application

Parent/Guardian Information	
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Street address:	
City:	
State:	
Zip:	
Number of adults in your household:	
Number of children in your household:	

Parent/Guardian Income	
All figures below must represent annual totals.	
Earnings from Work	Annual Total
Wages, salaries, tips, commissions, overtime pay, bonus:	
Net income from self-owned business:	
Total:	



Mohammed Choudhury
State Superintendent of Schools

Income from assistance	Annual Total
Unemployment compensation, worker's compensation:	
Public assistance, welfare payments:	
Alimony, child support (court ordered and voluntary):	
Total:	

Income from retirement/disability	Annual Total
Distributions from pensions, retirement income, veterans' benefits:	
Social security:	
Supplement security income:	
Disability benefits:	
Life insurance benefits:	
Total:	

Total annual income from all sources:

By signing this document, I certify that the information reported is true, complete and accurate. I understand that if I purposely give false or misleading information, the scholarship recipient may lose scholarship benefits and I may be prosecuted under applicable State and Federal laws.

Signature of Parent/Guardian

Date