

Cornerstone Christian School

2015-2016 Financial Information Sheet

Financial Information:

All parents and or guardians who claim Tax Credit recipients as dependents must report income on the form with supporting documentation. A copy of your 2014 Federal Income Tax Return must accompany this application.

Head of Household Name: _____

First

Middle Initial or Name

Last

Number of people in household: Adults _____ Children _____

Please list children in your household applying for VA Tax Credit financial assistance:

Children's Names: _____

Income Source	Father (A)	Mother (B)	Other (C)	Total Household Income (sum of A+B+C)
Adjusted Gross Income reported on current 1040				
Aid to Families with Dependent Children				
Other Public Assistance				
Any Other Additional Income				
Total Individual Income (sum of each column)				

***** To verify income please attach to this application copies of your current year Form 1040 tax return and other supporting proof of income. Married couples filing separately must attach both forms. If you would like a free copy of your 1040, please call the Internal Revenue Services at 1-800-829-1040.

I understand that all of the above conditions must be met by my child/family to be eligible for a VA Tax Credit award. I agree to release ACSI CTF from any liability in its efforts to provide this financial assistance.

I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true and I acknowledge that failure to do so will invalidate the application.

 Print Name of Parent/Guardian Signature of Parent/ Guardian Date

 Print Name of Parent/Guardian Signature of Parent/Guardian Date

