**Cornerstone Christian School**

**2021-2022 School Year 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 2020 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.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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