



**AAA Scholarship Foundation  
2020-21 Renewal Application  
Florida Tax Credit (“FTC”) Scholarship Program**

**Submission Deadline available at [www.aaascholarships.org](http://www.aaascholarships.org)**

If you enroll your student into a private school before you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF), you will be responsible for your student's

tuition and he/she may not qualify for future scholarship funding. Funding is not guaranteed. Please consider this before enrolling your student(s) in a private school.

**ARE YOU ELIGIBLE TO SUBMIT THIS APPLICATION? COMPLETE THE 5 QUESTIONS BELOW TO FIND OUT.**

- 1.) Does the household live in Florida?
  - Yes, please continue to question #2.
  - No, we live in another state. STOP – do not apply, your household is NOT eligible.
- 2.) Is your student entering Kindergarten through 12<sup>th</sup> grade in Florida?
  - Yes, my student is entering K through 12<sup>th</sup> grade in Florida. Please continue to question #3.
  - No, my student will NOT be entering those grades. STOP – do not apply, your student does not qualify to receive a 2020-21 AAA scholarship.
- 3.) Will your student be between the required ages to attend school for your state on or before September 1, 2020?
  - Yes, my Florida student will be at least 5 years old but not 21 years old or older on September 1, 2020. Please continue to question #4.
  - No, my student will not meet the age requirements for my state. STOP – do not apply, your student does not qualify to receive a 2020-21 AAA scholarship.
- 4.) Did your student have an FTC Scholarship during the 2019-2020 school year?
  - Yes, my student had an FTC Scholarship during the 2019-2020 school year. Please continue to question #5.
  - No, my student didn't have a FTC Scholarship during the 2019-2020 school year. STOP – do not use this renewal application to apply, your household will need to complete an initial application instead.
- 5.) Is your household / student otherwise eligible?
  - Yes, neither my student nor my household has been disqualified from the program for any reason, including internal audit process. Please continue to the next step.
  - No, my student or our household has been disqualified/revoked from program participation for any reason, including internal audit process in the past. STOP – do not apply, your household does not qualify for a 2020-21 AAA scholarship.

**You must be found eligible for an FTC scholarship AND meet the following income threshold in order to receive funding from AAA Scholarship Foundation. If you are eligible for an FTC scholarship but not for funding, you will be referred to another Scholarship Funding Organization for funding.**

**2020- 2021 Household Income/Financial Resources Table - Florida**

AAA considers ALL household members and their income. To figure out your household size, add all the people you live with together, this is your household size. Now add ALL the annual earnings (before tax) for everyone in the household, this is your total annual income. Use these two numbers to look at the income chart below for your household size and income / financial resources.

*Note: Any business losses will be adjusted to zero and the total income will be adjusted accordingly to determine household eligibility.*

Household size	Maximum Household Income / Financial Resources
1	\$33,176
2	\$44,824
3	\$56,472
4	\$68,120
Each additional person add:	\$11,648

**If you believe you are eligible to renew your FTC scholarship, please complete the following application.**

*This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.*

## 2020-2021 AAA-FLORIDA Renewal FTC Scholarship Application - Page 2

IMPORTANT: Fill in the answers asked for in the blank spaces provided throughout this form; write N/A or 0 if items do not apply to you.  
DO NOT LEAVE ANY BLANK SPACES.

**A) PARENT/GUARDIAN "A" Living with the student**      **B) PARENT/GUARDIAN "B" Living with the student**

This individual is required to sign scholarship checks.

This individual cannot sign scholarship checks.

Parent A Last Name, First Name, Middle Initial		Parent B Last Name, First Name, Middle Initial	
Social Security Number	E-mail address <b>(REQUIRED)</b>	Social Security Number	E-mail address <b>(REQUIRED)</b>
Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other		Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other	
Home Phone Number	Cell Phone Number	Home Phone Number	Cell Phone Number
Home (Physical) Address, Apt. # <i>(must be street address, PO Box not acceptable)</i>			
Home City, State, Zip		Home County	
Mailing Address <i>(if different from above – PO Box acceptable)</i>			
Mailing City		Mailing State	Mailing Zip
Parent A Employed By	Work Phone	Parent B Employed By	Work Phone

### C) HOUSEHOLD INFORMATION

<p>1) Number of people who lived in your home during 2019: Parents/Guardians _____ + Children _____ + Others _____ = Total of above _____ (This is your "household size")</p>	<p>6) List any parents, not living in the home, for children who live with Parent(s) A and B.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Non-Custodial Parent's Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Child's Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Non-Custodial Parent's Name	Child's Name				
Non-Custodial Parent's Name	Child's Name						
<p>2) What is the language spoken in your home: _____</p>	<p>7) Does PARENT A and/or B have a divorce/separation agreement? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If YES, provide a copy of the divorce/separation agreement if you do not claim the child(ren) on your taxes to show that they live with you.)</p>						
<p>3) What is PARENT A's marital status today: <input type="checkbox"/> Single, never Married    <input type="checkbox"/> Divorced (Divorce Agreement Required) <input type="checkbox"/> Married    <input type="checkbox"/> Separated (Separation Agreement Required) <input type="checkbox"/> Divorced/Remarried    <input type="checkbox"/> Widowed    <input type="checkbox"/> Living w/boyfriend, girlfriend, fiancé</p>	<p>8) Date of Separation (Month/Year) or N/A:</p>						
<p>4) Does PARENT A receive child support for any children in the home? <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p>	<p>9) Date of Divorce (Month/Year) or N/A:</p>						
<p>5) Does PARENT B receive child support for any children in the home? <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p>	<p> </p>						

### D) HOUSEHOLD MEMBERS CLARIFICATION      List all people who lived with Parents A and B during 2019

You must provide 2019 earnings and assistance documentation for the below individuals (Form 1040 Federal Tax Return, Social Security Income, etc.) List any additional people that live with you on a separate sheet of paper, if needed. If anyone has moved out or there is a change, you must explain on a separate sheet of paper. Birth Certificates are required for all children 18 and under.

PLEASE PRINT	Relationship to Parent A	Age	Did they file a 2019 Federal Tax Return? (check one)	Total Earnings or Assistance Received in 2019	How long has this person lived with PARENT A?
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

**2020-2021 AAA-FLORIDA Renewal FTC Scholarship Application - Page 3**

**E) HOUSING INFORMATION**

1) Do you rent or own your residence (check one)?	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
2) What is the monthly mortgage or rent payment? \$		per month
a. What amount do you pay? \$		per month
b. What amount is paid by others? \$		per month. Explain relationship to Parent A: _____

**F) STUDENT INFORMATION (Only complete for students for whom you want a scholarship)**

If applying for more than 2 students, make a copy of this page before completing every question.

Student #1 Last Name, First Name, Middle Initial:	Date of Birth (MM/DD/YY) <i>Birth Certificate Required:</i>
Student SS#:	Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A:	<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic
Grade Level Student will be entering in August of 2020:	
Name of School attended 2019-2020:	
School County attended in 2019-2020:	
Type of School attended in 2019-2020:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable
Does this student receive any of the following?:	<input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> ESE <input type="checkbox"/> Title 1
Type of Student:	<input type="checkbox"/> Transfer <input type="checkbox"/> Renewal <input type="checkbox"/> Add-On
<i>(Transfer means this student received funding from another Scholarship Organization in 2019-20. Renewal means you signed AAA scholarship checks for this student in 2019-20. Add-on means you signed AAA scholarship checks for another student in your home in 2019-20, but not for this student.)</i>	

Student #2 Last Name, First Name, Middle Initial:	Date of Birth (MM/DD/YY) <i>Birth Certificate Required:</i>
Student SS#:	Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A:	<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic
Grade Level Student will be entering in August of 2020:	
Name of School attended 2019-2020:	
School County attended in 2019-2020:	
Type of School attended in 2019-2020:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable
Does this student receive any of the following?:	<input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> ESE <input type="checkbox"/> Title 1
Type of Student:	<input type="checkbox"/> Transfer <input type="checkbox"/> Renewal <input type="checkbox"/> Add-On
<i>(Transfer means this student received funding from another Scholarship Organization in 2019-20. Renewal means you signed AAA scholarship checks for this student in 2019-20. Add-on means you signed AAA scholarship checks for another student in your home in 2019-20, but not for this student.)</i>	

**BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.  
Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org**

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**2020-2021 AAA-FLORIDA Renewal FTC Scholarship Application - Page 4**

**G) TAXABLE INCOME**

The 2019 federal tax return for our household was:  Filed (Complete all of Section G)  Not filed yet (See Required Documentation section)  
 I/We do not file. I/We only receive non-taxable assistance (Complete Section H and IRS Did Not File Statement on Page 7).

1) Total number of dependents listed on 2019 Form 1040	#
2) Total Income Reported on 2019 Form 1040 line 7b (Attach a signed copy of the tax return, including all schedules and forms and all Forms W-2)	\$
3) Net business income* from self-employment, farm, rentals, and other businesses from Form 1040, Schedule 1, lines 3, 5, and 6 (Attach Schedules C, E, and/or F from your 2019 Form 1040)	\$

\* Business losses will be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligibility.

**H) NON-TAXABLE EARNINGS AND ASSISTANCE**

List the total annual amount received by everyone in the household from 1/1/20-12/31/20. DO NOT list monthly amounts.

1) Child Support	\$	6) Cash Assistance (TANF)	\$
2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.)	\$	7) Food Stamps	\$
3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.)	\$	8) Housing Assistance (Sec. 8, HUD, parsonage, etc.)	\$
4) Gifts from family and/or friends	\$	9) Loans from family and/or friends	\$
5) Personal Savings/Investment Accounts <u>used</u> for household expenses in 2019 (Do not include totals listed in Section I)	\$		

\*You must provide 2019 documentation for items 2-9; either an official year-end statement or documentation showing totals from 1/1/2019-12/31/2019.

**I) UNUSUAL CIRCUMSTANCE** (tell us if your current circumstances are different from 2019)

<input type="checkbox"/> Loss of job	<input type="checkbox"/> Child support reduction	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Recent separation/divorce	<input type="checkbox"/> Change in family living status	<input type="checkbox"/> Became eligible for disability insurance
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Death in the household	<input type="checkbox"/> Became eligible for social security
<input type="checkbox"/> Income reduction	<input type="checkbox"/> Change in custody	<input type="checkbox"/> Other

Provide a brief explanation of the situation and attach documentation for all circumstances checked above:

**BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.**

Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received.  
 To check the processing status of your application, go to [https://webportalapp.com/sp/aaasf\\_floridaincome\\_20](https://webportalapp.com/sp/aaasf_floridaincome_20)  
 Questions? Call 1-888-707-2465 or Email [FLdocs@aaascholarships.org](mailto:FLdocs@aaascholarships.org)

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**2020-2021 AAA-FLORIDA Renewal FTC Scholarship Application - Page 5**

**K) HOW DID YOU HEAR ABOUT AAA SCHOLARSHIP PROGRAM?**

<input type="checkbox"/> Renewing Household	<input type="checkbox"/> Flyer, brochure or poster	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Another scholarship parent	<input type="checkbox"/> At an event in my community	<input type="checkbox"/> Social Media (Facebook, Twitter, etc.)
<input type="checkbox"/> Referred by friend, family or work associate not on scholarship	<input type="checkbox"/> Newspaper ad or article	<input type="checkbox"/> Employer communication
<input type="checkbox"/> Referred by private school	<input type="checkbox"/> State Agency	<input type="checkbox"/> Other: _____

**L) CERTIFICATION AND AUTHORIZATION SIGNATURE(S)**

- ✓ I certify that the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my student(s) receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and the scholarship will be denied or revoked.
- ✓ I certify that no parent/guardian of a student on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school or not at the school which my student will attend.
- ✓ I understand that any information I provide at any time will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information and/or documentation.
- ✓ I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.
- ✓ I understand that AAA Scholarship Foundation does not discriminate because of race, color, sex, age, disability, religion, nationality, sexual orientation, political affiliation, or gender identification or expression.
- ✓ I authorize AAA Scholarship Foundation to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships.
- ✓ I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent and School Handbook, available online at [www.aaascholarships.org](http://www.aaascholarships.org).
- ✓ I understand if I am deemed eligible and am awarded a scholarship, that I am not automatically entitled to a scholarship in following years.
- ✓ I understand that it is my responsibility to notify my child's public school district if I intend to withdraw him/her.
- ✓ I understand that it is my responsibility to reapply and document my eligibility whenever I am required to if I accept a scholarship.
- ✓ I understand if I enroll my student(s) into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and the student(s) may not qualify for future scholarship funding. I understand funding is not guaranteed.
- ✓ I understand that it is my right and responsibility to read and understand a private school's admission and conduct policy before requesting to enroll my child(ren) into an eligible private school.
- ✓ I consent and agree that AAA Scholarship Foundation may obtain my child's free and reduced price meal and free milk eligibility information for the purpose of helping to determine my child's eligibility for the Florida Tax Credit Scholarship Program. I understand that this information will not be shared with any other entity or program. In addition, I may limit my consent to only those programs with which I wish to share this information.

**M) SIGNATURES** (Hand-Signed only. E-Signatures will not be accepted)

Parent/Guardian A \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian B \_\_\_\_\_ Date \_\_\_\_\_

**N) REQUIRED DOCUMENTATION FOR ELIGIBILITY DETERMINATION**

Application MUST include the following with the completed application (and any other documentation requested):

- Birth Certificates required for all children 18 years of age and younger
- Letter/documentation of Unusual Circumstances, if needed
- Certificate of Eligibility to Transfer (page 6), if applicable
- Separation/Divorce Agreement, if applicable

**O) REQUIRED DOCUMENTATION FOR AVAILABLE FUNDING DETERMINATION**

- 2019 Hand-Signed Form 1040 (**No E-Signatures**) + all Schedules/Forms + all Forms W-2 (**No Extensions Accepted**)
- 2019 Non-taxable Earnings and Assistance Documentation, if applicable
- Sworn Statement for IRS Did Not File Tax Return (page 7), if applicable

**Mail All Pages of the Completed Application and Required Documentation to:**

AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-5719

**Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received.  
To check the processing status of your application, go to [https://webportalapp.com/sp/aaasf\\_floridaincome\\_20](https://webportalapp.com/sp/aaasf_floridaincome_20)  
Questions? Call 1-888-707-2465 or Email [FLdocs@aaascholarships.org](mailto:FLdocs@aaascholarships.org)**

**Florida Certificate of Eligibility to Transfer – Page 6**

This form is required if your student(s) is transferring to AAA from another Scholarship Funding Organization (SFO) in order to be given priority processing. Make additional copies of this form if you have more than two students.

This form is to be completed by the school that received funding from the SFO for that school year.

I/We \_\_\_\_\_ give the school permission to release information about my child(ren)'s scholarship history to AAA Scholarship Foundation, Inc.

\_\_\_\_\_  
Parent or guardian signature

STUDENT NAME: \_\_\_\_\_

DID THE STUDENT RECEIVE FUNDS FROM AN SFO DURING 2019-2020? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF AWARDING SCHOOL TUITION ORGANIZATION(S): \_\_\_\_\_

WHAT SCHOOL YEAR(S) DID THE STUDENT RECEIVE FUNDS? \_\_\_\_\_

AMOUNT RECEIVED BY SCHOOL: \_\_\_\_\_

STUDENT NAME (if additional) \_\_\_\_\_

DID THE STUDENT RECEIVE FUNDS FROM AN SFO DURING 2019-2020? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF AWARDING SCHOOL TUITION ORGANIZATION(S): \_\_\_\_\_

WHAT SCHOOL YEAR(S) DID THE STUDENT RECEIVE FUNDS? \_\_\_\_\_

AMOUNT RECEIVED BY SCHOOL: \_\_\_\_\_

*This certifies that the student(s) listed above was the recipient of a Tax Credit Scholarship from an SFO for the amounts and time periods listed above.*

\_\_\_\_\_  
Printed Name of Authorized Representative Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of School Completing Form

\_\_\_\_\_  
Signature of Authorized Representative Completing Form

\_\_\_\_\_  
Date

**Mail or Email this Form along with All Pages of the Completed Application and Required Documentation to:**

AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-5719  
Questions? Call 1-888-707-2465 or Email [FLdocs@aaascholarships.org](mailto:FLdocs@aaascholarships.org)

**Sworn Statements for IRS Did Not File Tax Return – Page 7**

INSTRUCTIONS: A sworn statement should be completed for each person aged 18 and older residing in the household who did not file a 2019 tax return (Form 1040). Each person may be REQUIRED to provide additional documentation verifying their Did Not File status later this year. EVERY person aged 18 and older residing in the household who Did Not File taxes and is not claimed as a dependent on a provided Tax Return must complete one section of this form (make copies as needed).

I, \_\_\_\_\_ did not file a tax return for the following reason (check one):  
(Print Name)

- I received no taxable income. My non-taxable earnings or assistance received was: \$ \_\_\_\_\_
- My taxable income received was less than the amount required for filing with the IRS. Amount received: \$ \_\_\_\_\_
- Other (explain) \_\_\_\_\_

I was NOT required to file a 2019 Federal Income Tax Return. In place of a tax return, I have completed this form and attached all earnings and assistance documentation. UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE A TAX RETURN FOR THE 2019 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

\_\_\_\_\_  
Signature of Person Who Did Not File

\_\_\_\_\_  
Relationship to PARENT/GUARDIAN A/B

I, \_\_\_\_\_ did not file a tax return for the following reason (check one):  
(Print Name)

- I received no taxable income. My non-taxable earnings or assistance received was: \$ \_\_\_\_\_
- My taxable income received was less than the amount required for filing with the IRS. Amount received: \$ \_\_\_\_\_
- Other (explain) \_\_\_\_\_

I was NOT required to file a 2019 Federal Income Tax Return. In place of a tax return, I have completed this form and attached all earnings and assistance documentation. UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE A TAX RETURN FOR THE 2019 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

\_\_\_\_\_  
Signature of Person Who Did Not File

\_\_\_\_\_  
Relationship to PARENT/GUARDIAN A/B

I, \_\_\_\_\_ did not file a tax return for the following reason (check one):  
(Print Name)

- I received no taxable income. My non-taxable earnings or assistance received was: \$ \_\_\_\_\_
- My taxable income received was less than the amount required for filing with the IRS. Amount received: \$ \_\_\_\_\_
- Other (explain) \_\_\_\_\_

I was NOT required to file a 2019 Federal Income Tax Return. In place of a tax return, I have completed this form and attached all earnings and assistance documentation. UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE A TAX RETURN FOR THE 2019 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

\_\_\_\_\_  
Signature of Person Who Did Not File

\_\_\_\_\_  
Relationship to PARENT/GUARDIAN A/B