

INCOME SUBSTITUTE FORM (1040/W-2)

The information on this form is needed to determine your child's eligibility to participate in the Upward Bound Math & Science Center. The program is federally funded through the U.S. Dept of Education therefore applicants must meet certain guidelines to participate. Please provide the following financial information to our office.

Student's Name: _____ Social Security #: _____

Parent/Guardian: _____ Social Security #: _____

How many persons living in your household do you claim? _____ (Please Be Accurate)

CHECK ONE:

____ I do not have a copy of my 1040/1040A, 1040EZ Income Tax Form

____ I did not file a Federal Income Tax Form for the past year

If you did not file a Federal Income Tax Form for the past year, check one item that best describe why.

____ I received no taxable income. (Provide documentation and income information below)

____ Taxable income received was less than the amount required for filing a tax return.

(If this is checked, please submit W-2 forms for the past year, and/or a notarized statement of past years income)

____ Other (Explain) _____

My total **Income** (money you earned for the past year) was \$ _____ from the following source:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Last year, I received nontaxable income from the following **sources** (please submit a copy of documentation):

SOURCE	AMOUNT PER MONTH	HOW MANY MONTHS
Social Security Benefits	_____	_____
Disability Benefits	_____	_____
AFDC	_____	_____
Other	_____	_____

Total Received: \$ _____

I hereby affirm that the information reported on this form and any attachments hereto is true, correct and accurate to the best of my knowledge

Parent/Guardian Signature

Date