



Eligibility Appointment Packet Guide

To assist students and household members collecting required documents for their Eligibility Appointment.

Applicant's State Issued Photo ID and Social Security Card



Accepted forms of ID:

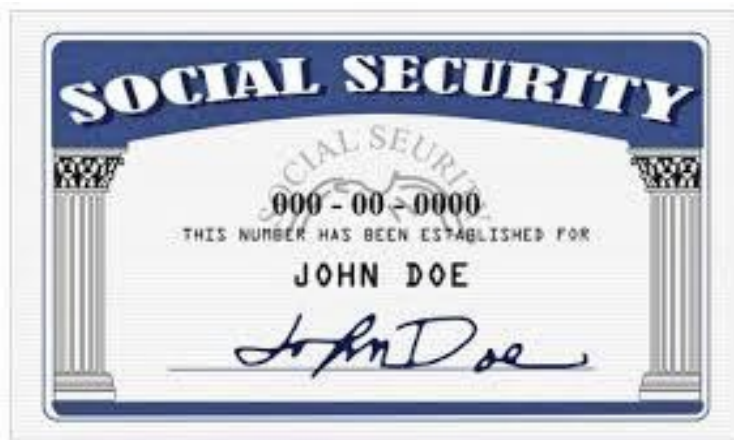
1. State ID
2. Driver License
3. Passport - The passport must list Arizona as "place of birth"

Applicant ID's expiration date must be at least 90 days after Eligibility Appointment

Social Security Card cannot list:

1. Valid for work only with DHS authorization
2. Not valid for employment

If your Social Security Card lists any of the above conditions please contact Earn to Learn Staff for further instructions.





Federal Tax Return – Form 1040, 1040A or 1040EZ

Tax Returns will be requested for each person who filed taxes for the most recent tax year.

1 Name(s)

2 Exemptions

3 Income

4 Tax and Credits

4 Tax and Credits

5 Other Taxes

6 Payments

7 Refund

1. Name(s):

- For all household members, full legal name must be consistent with all other documents, such as Household Information Form, Bank Statement, Pay Stub, etc.
- In the event a name is not consistent with other Required Documents reach out to Earn to Learn Staff.

2. Household size:

- The total number of household members listed on the Household Information Form must be consistent with the number of household members reported on taxes (dependents included). In the event that there are discrepancies reach out to Earn to Learn Staff.

3. Income section:

- If business income is reported, then additional business documents will be requested as well as **Schedule C or C-EZ**
- If additional income such as, Unemployment, Social Security, Rental Real Estate, Pension an Annuities, etc. is reported Earn to Learn Staff may request clarification and additional information may be required.

4. Refund section:

- If account listed refers to an open bank account or prepaid card, then statement dated within 30 days must be provided.
- If account is closed, belongs to a non-household member/company or a discrepancy with the account number is found Earn to Learn Staff will request clarification and additional information may be required.

Award Letters

Award Letters must be collected for household members receiving any of the following benefits:

1. Unemployment
2. Social Security (Disability, Retirement, Supplemental, or Survivors)
3. Veterans
4. Child Support
5. Alimony
6. Temporary Assistance for Needy Families (TANF)

Award Letter must include:

1. Name of the person receiving the benefit
2. Date - Most recent statement (can be monthly, yearly or original contract depending on benefit).
3. Name of the Office/Department issuing the benefit.
4. Amount and frequency of benefit.



Social Security Administration

E [REDACTED] BROWN
[REDACTED]

Date: August 09, 2014

Claim Number: XXX-XX [REDACTED]
XXX-XX [REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2013, the full monthly Social Security benefit before any deductions is \$1,028.70.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,028.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits



Household Information Form

Full Legal Name(s):

- Applicant: Full legal name must be written as shown on Social Security Card
- Additional household members: Full names should be written as shown on taxes (if applicable for parents/guardians and dependents), Social Security Card or official ID.
- Include any second last names (if applicable)

Monthly Salary:

- Gross income must be reported (before taxes)
- If someone owns a business and is also employed, add up both sources of gross income
- If someone is not currently working, write "0" (minors included)

Employed/Owns a Business:

- If someone is self employed answer YES for Employed and YES for Owns a Business

Vehicles:

- Is any money still owed on this vehicle? Answer YES/NO only, you do not need to list the amount owed.
- Value of vehicle is different than vehicle loan balance. Value of the vehicles must be verified at: www.kbb.com. If a vehicle is older than 1992, the value must be verified at: www.nadaguides.com

Please Note:

- All fields must be answered. Do not leave any blanks.
- Applicant's name, signature and date are mandatory. If applicant is under 18, parent/guardian's name, signature and date are mandatory.

Household Information Form Earn to Learn (Revised: 4/9/2018)

| PART I: Fill in the following information for the entire household | | | | | | | | | |
|--|-----|---------------------------|----------------|---------------------|------------------------|-------------------|---------------------|---------------------------|---------------------------|
| Full Legal Name (Refer to Government Issued Identification) | Age | Relationship to Applicant | Employed (Y/N) | Monthly Salary (\$) | Owns a Business* (Y/N) | Filed Taxes (Y/N) | Bank Accounts (Y/N) | Retirement Accounts (Y/N) | Investment Accounts (Y/N) |
| 1. | | Applicant | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |

*If you are self employed, answer Y for Employed and Y for Owns a Business. If you are an independent contractor (paid through a company), answer Y for Employed and N for Owns a Business.

| PART II: Fill in the following vehicle information for the entire household | | | | | | |
|---|------|------|-------|---------|--|---|
| Vehicle #1 | Year | Make | Model | Mileage | Is any money still owed on this vehicle? (Y/N) | Current Value **Use Trade-In Value from www.kbb.com |
| Vehicle #1 | | | | | | |
| Vehicle #2 | | | | | | |
| Vehicle #3 | | | | | | |
| Vehicle #4 | | | | | | |

**For vehicles older than 1992, please use www.nadaguides.com


| PART III: Fill in the following address information for the entire household | | |
|--|-------------------|-----------|
| Applicant Physical Address: Street _____ | City, State _____ | Zip _____ |
| Mailing address if different from Physical Address: Street _____ | City, State _____ | Zip _____ |

PART IV: Signature

I, the Earn to Learn applicant, to the best of my ability, attest that the information I have entered on this form is accurate and true for my household.

| | | |
|--|----------------------------------|------------|
| Applicant Printed Name _____ | Applicant Signature _____ | Date _____ |
| Parent/Guardian Printed Name _____ <small>(if applicant is currently under the age of 18)</small> | Parent/ Guardian Signature _____ | Date _____ |

NOTE: If you have more than 8 household members or 4 vehicles, please utilize an additional copy of this form.





Pay Stub or Employment Verification Letter

| EMPLOYEE NAME | | SOCIAL SEC. ID | | EMPLOYEE ID | CHECK NO. | PAY PERIOD | PAY DATE |
|--|----------------|----------------|---------------|--------------------|-----------|-------------------|--------------|
| Sample Company Name, Sample Company Address, 95220 | | XXX-XX-3452 | | 44234 | 48889 | 10/31/13-11/05/13 | 11/09/13 |
| INCOME | RATE | HOURS | CURRENT TOTAL | DEDUCTIONS | | CURRENT TOTAL | YEAR-TO-DATE |
| GROSS WAGES | 50 | 50 | 2,500.00 | FICA MED TAX | 38.25 | 1,531.25 | |
| | | | | FICA SS TAX | 155.00 | 8,975.00 | |
| | | | | FED TAX | 559.18 | 25,163.00 | |
| | | | | CA ST TAX | 183.75 | 8,289.25 | |
| | | | | SDI | 25.00 | 1,125.00 | |
| YTD GROSS | YTD DEDUCTIONS | YTD NET PAY | CURRENT TOTAL | CURRENT DEDUCTIONS | NET PAY | | |
| 112,500.00 | 43,153.51 | 69,346.49 | 2,500.00 | 959.13 | 1,546.81 | | |

Pay Stub must include:

1. Employee's full legal name
2. Payroll date – must be dated within 30 days of the Eligibility Appointment
3. Deductions
4. Gross pay (total before taxes)

[Employer Street Address]
[Employer City, ST Zip Code]

[Month Day, Year]

[Recipient Name]
[Title]
[Company Name]
[Street Address of Company]
[City, ST Zip Code of Company]

Dear [Mr./Mrs./Ms. Recipient's Last Name]:

This letter is confirmation that [Employee First and Last Name] has been employed with [Company Name] since [Employee Start Date]. Currently [Employee First and Last Name] holds the position of [Employee's Title].

[His/Her] [weekly/monthly/annual] compensation [is/was] [\$amount].
[Optional Paragraph as Needed]

If you have any further questions please feel free to contact me at [Employer Phone Number/E-mail].

Sincerely,

[Employer Name]
[Employer's Title]


If pay stubs are not received by any employed household member, an Employment Verification Letter can be provided instead. Employment Verification Letter is not applicable to business owners.

Employment Verification Letter must include:

1. Employee's position
2. Employee's hourly rate or yearly income
3. Number of hours that the employee works per week
4. Frequency of payroll
5. Supervisor's name and signature
6. Date – must be dated within 30 days of the Eligibility Appointment
7. Company Name (if applicable)



Income and Tax Return Affidavit


invest in college success

Income and Tax Return Affidavit

REQUIRED for all household members 18 years of age or older who:

- Did not file their own taxes for the most recent tax year AND/OR
- Do not receive income from any of the sources listed below

I, _____, hereby certify that (please check all that apply):
(Print Name)

I did NOT file taxes for the most recent tax year.

I do NOT individually receive income of any kind from any of the income sources listed below.

Income Sources

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance payments
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends
- Any other sources of income not listed above

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of participation in the program.

Signature: _____ Date: _____

Required for all household members 18 years of age or older who:

- Did not file their own taxes in the most recent tax year AND/OR
- Do not receive income from any of the sources listed on Affidavit

Please Note:

- Printed name must be consistent with full legal name listed on Household Information Form.
- Name, signature and date are mandatory fields.

Account Statements

1

4

Mary Jane Smith
100 Pine Street
Metro, AA 09371

Account Summary

| | |
|--|-------------------|
| Opening Balance | \$5,234.09 |
| Withdrawals | \$2,395.67 |
| Deposits | \$2,872.45 |
| <hr/> | |
| Closing Balance on Apr 18, 2010 | \$5,710.87 |

You are eligible for a \$100 bonus

Scan this QR code with your Smartphone
To find out more about a High Interest
Savings Account – with the first \$100
Deposit on us!

You may need to get a QR Code® reader from your SmartPhone App Store

For Mar 15, 2010 to Apr 18, 2010

Account Number
00-123456

Branch Transit Number
098765

Contact Information

1-800-222-0123
Contact us by phone for questions, on this
statement, change of personal information, and
general inquiries, 24 hours a day, 7 days a week

TTY for the hearing impaired:
1-800-123-0007

Outside North America:
+1-123-4567

Your branch
Main and Elm
100 Main Street
Metropolis, AA
01234

Your Transaction Details

| Date | Details | Withdrawals | Deposits | Balance |
|------------------------|-------------------|-------------|----------|-------------------|
| Apr 8 | Opening Balance | | | 5,234.09 |
| Apr 8 | Insurance | | 272.45 | 5,506.54 |
| Apr 10 | ATM | 200.00 | | 5,306.54 |
| Apr 12 | Internet Transfer | | 250.00 | 5,556.54 |
| Apr 12 | Payroll | | 2100.00 | 7,656.54 |
| Apr 13 | Bill payment | 135.07 | | 7,521.47 |
| Apr 14 | Direct debit | 200.00 | | 7,321.47 |
| Apr 14 | Deposit | | 250.00 | 7,567.87 |
| Apr 15 | Bill payment | 525.72 | | 7,042.15 |
| Apr 17 | Bill payment | 327.63 | | 6,714.52 |
| Apr 17 | Bill payment | 729.96 | | 5,984.56 |
| Apr 18 | Bill payment | 223.69 | | 5,710.87 |
| <hr/> | | | | |
| Closing Balance | | | | \$5,710.87 |

**Are you
ready
to go
paperless?**

**Get your statements
delivered directly to
your email account**

**Avoid the monthly
\$2 paper statement
print fee!**

Scan the QR Code below with your
SmartPhone to sign up now!

You may need to get a QR Code reader
from your SmartPhone App Store

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Account Statements must be submitted for all household members who have any of the following accounts:

- Checking Account
- Savings Account
- Retirement Account: 401K, IRA (Roth/Traditional), 403(b), etc.
- Prepaid Card (for example for use in payroll)
- Investment Account

Account Statements must include:

1. Bank, Credit Union or Financial Institution's name or logo
2. Account holder's first and last name
3. Account number (or last 4 digits)
4. Date – must be dated within 30 days of the Eligibility Appointment
5. Current balance



Debt Statements

Springside Mortgage

DRAFT

Mortgage Statement
Statement Date: 3/30/2012

| | |
|---|------------|
| Account Number | 1234567 |
| Payment Due Date | 4/1/2012 |
| Amount Due | \$1,829.71 |
| <small>(if payment is received after 4/15/12, pay \$1,889.71)</small> | |

Adam and Mary Jones
4700 Oak Ridge Ln
Bethesda, MD 20814

| Account Information | | Current Payment Due | |
|---|--|----------------------------------|------------|
| Property Address | 4700 Oak Ridge Ln Bethesda, MD 20814 | Principal | \$186.66 |
| Outstanding Principal | \$294,776.62 | Interest | \$1,046.67 |
| Monthly Date | September 2009 | Escrow (for Taxes and Insurance) | \$176.38 |
| Interest Rate (until October 2012) | 6.75% | Regular Monthly Payment | \$1,809.71 |
| Prepayment Penalty (until September 2014) | \$1,500.00 | Total Fees Charged | \$160.00 |
| | | Total Amount Due | \$1,829.71 |
| Contact Us | | | |
| By Phone: | 1-800-665-1194 | | |
| Online: | www.springsidemortgage.com | | |
| See back for mailing address | | | |

| Transaction Activity (2/20/2012 – 3/19/2012) | | | |
|--|---|----------|------------|
| Date | Description | Charges | Payments |
| 3/16/12 | Late Fee (charged because payment was received after 3/15/2012) | \$500.00 | |
| 3/17/12 | Payment Received - Thank you | | \$1,889.71 |

| Past Payments Breakdown | | |
|------------------------------|-------------------|--------------------|
| | Paid Last Month | Paid Prior to Date |
| Principal | \$186.66 | \$1,100.26 |
| Interest | \$1,046.67 | \$3,151.38 |
| Escrow (Taxes and Insurance) | \$176.38 | \$795.54 |
| Fees | \$0.00 | \$0.00 |
| Total | \$1,809.71 | \$5,047.18 |

Important Messages

If You Are Experiencing Financial Difficulty: If you would like mortgage counseling or assistance, you can find a list of counselors in your area on the U.S. Department of Housing and Urban Development's website at www.hud.gov. On the back of this page, we have also provided contact information for those state- or federally approved counseling programs in your area.

We are pleased to have you as a Springside Mortgage customer. We are known throughout the country for the quality of our service and our dedication to providing financial security for our customers. We will do everything we can to make you feel at home, and to ensure you receive the friendly, professional service you deserve.

Debt Statements (if applicable to your household):

1. Mortgage Statement (your home loan)
2. Vehicle Loan Statement (recent bill for car loan)

Statements must include:

1. Account holder's name
2. Account number (or least last 4 digits)
3. Ending balance
4. Date/Date range of the statement– must be dated within 30 days of the Eligibility Appointment
5. Name of Financial Institution

In the event the household exceeds the net worth requirement of \$10,000 in assets, Earn to Learn Staff may request additional Debt Statements (bills), for example:

1. Credit Card Statement
2. Credit Report - Will only be requested for the head of the household if the documents listed above cannot be collected.

Please Note: In the event a name is not consistent with other Required Documents reach out to Earn to Learn Staff.