

**Valley Forge Educational Services
EITC Financial Information Form**

1. Student

Name: _____

1a. Does the student who will be attending our program(s) have an identified disability? Yes No

1b. If you answered “Yes” above, does the student attend a special education school? Yes No

2. Parent/Guardian (residing with student)

Name: _____

Check one: Father Mother Stepfather Stepmother Other (specify) _____

Name: _____

Check one: Father Mother Stepfather Stepmother Other (specify) _____

2. Contact Information

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Other Phone: _____

3. Please list the name and relationship of ALL individuals in the household. Also, please check the appropriate response to indicate if the person is a dependent according to IRS regulations.

Name	Relationship	Age	Dependent
_____			<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
_____			<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

5. Income per Household**

**** *This information is required by the EITC Program and will remain confidential.***

Please indicate your annual household income _____ (rounded to the nearest thousand)

To the best of my knowledge all of the information stated above is accurate and true.

Signature Parent/Guardian: _____ Date: _____