

Take Stock in Children (TSIC) Income Eligibility Guidelines July 1, 2023 to June 30, 2024

Applicants will be required to provide a copy of **their most recent 1040 Tax Return form** and their household annual income must qualify for one of the options in the chart below:

HOUSEHOLD SIZE	Maximum Annual Household Income for Students Currently Receiving Free/Reduced Lunch*	Maximum Annual Household Income for Students Meeting Alachua HUD Income Guidelines		
1	\$26,973	\$30,350		
2	\$36,482	\$34,700		
3	\$45,991	\$39,050		
4	\$55,500	\$43,350		
5	\$65,009	\$46,850		
6	\$74,518	\$50,300		
7	\$84,027	\$53,800		
8	\$95,536	\$57,250		
For each additional family member, add	\$ 9,509	N/A		

*If qualifying under Free/Reduced Lunch income level, proof of current receipt of free/reduced lunch services must be provided.

Applicants may also be eligible if student is a current recipient of one of the following:

- 1) SNAP
- 2) TANF
- 3) HUD
- 4) Medicaid
- 5) Currently in Foster Care or certified homeless

Note: <u>The student who is applying to be a part of the Take Stock in Children program MUST be listed</u> <u>as a dependent on all income verification documents submit with their application. If the student</u> <u>applying is not listed and the household income on the document, then it CANNOT be used to verify</u> <u>the student's eligibly.</u>

Additional information is continued on the next page.

The following documentation IS NOT acceptable to verify eligibility for TSIC:

a) W-2s/ Social Security Statement alone – May not reflect all income and does not verify that it is same household as student.

b) Disability – May not reflect all income for household and does not verify that it is same household as student.

c) Statement of non-filing of taxes through IRS – Does not indicate that income was below the need to file, just verifies that they did not file.

d) The free/reduced lunch screen in the School District's student profile program (i.e., FOCUS).

e) Direct Certification letter from State of Florida – The letter may not be issued by all school or districts where FRL is available to all students/schools. Students who qualify to receive Direct Certification from the state (i.e.- SNAP/TANF recipients, Foster Care or Homeless youth) should be able to prove eligibility for TSIC as outlined above.

Determining TSIC Eligibility through 1040 Tax Return

• The student applicant must be claimed as a dependent on the tax return provided to verify income eligibility.

• The total number of dependents listed on the tax return provided should be used to verify income eligibility.

Example of the 1040 Tax Return:

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1040 Department of the Transcorinternal Revenue Gare		0000 100 1000	0074 ms Use Ordy -			Find Student applicant's nam on the tax return. Calculate
Filing Status Single Married fling jointly Check only one box. If you checked the MFS box, enter the m person is a child but not your dependent	ame of your spouse. If you cl			spous	e (QSS)	total number of dependents
Your first name and middle initial	Last name			Your soci	al security number	
				_		
If joint return, spouse's first name and middle initial	Last name			Spouse's	social security more	
Home address (number and street). If you have a P.O. box, see	e instructions.			President	at postion Campaign In if you, or your	
City, town, or post office. If you have a foreign address, also or	omplote spaces below.	State	ZIP code	0 90 10 17	filing jointly, want \$3 He fund. Checking a	
Foreign country name	Foreign province/state/	county		your tax o		
Digital At any time during 2022, did you: (a) rec			y or services); or ((b) sell.	You Spouse	
Assets exchange, gift, or otherwise dispose of a			isset)? (See instruc	ctions.)	Yes No	
Standard Someone can claim: You as a de Deduction Spouse itemizes on a separate retur						
Age/Bindness You: Were born before January 2.1	1958 D Ave block	wee: Was born	helpes tan go 3	1958	ts blind	
Dependents (see instructions):	21 cial security	Contraction of the Association o	the second se		to lee instructions):	
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If more than four		1/100		voet of		
dependents.		_	H	-	<u> </u>	
see instructions -		-	H	-	<u> </u>	
and check		-	- H	-	<u> </u>	
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b Household employee wages not r				1b		
Attach Formel c Tip income not reported on line 1				10		
W-2 here, Also attach Forms d Medicaid waiver payments not rep		(annihuster		10		
W-2G and e Taxable dependent care benefits		and a second second		Te		
1099-R if has		- + + +	* + + + + +	11		
man weathers.				1g		
get a Form h Other earned income (see instruct	in the second second		T. T. T. T. T. T. T.	Th		2005 000 2004-07 0457 X0
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	28	b Taxable interest		2b	2	Line 9.
	3a	b Ordinary divident	ds	ab		Line 7.
	4a	b Taxable amount		4b		
	5a	b Taxable amount		50		
Deduction for- An Social security benefits	Ba	b Taxable amount		60		
Single or Married hing c If you elect to use the lump-sum of						
separately. 7 Capital gain or (loss). Attach Sche				7		
Married filing 8 Other income from Schedule 1, In				8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Janity or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This is your total inc	come		9		
525,000 Adjustments to income from Sche				10	2 m	
Head of 11 Subtract line 10 from line 9. This is	s your adjusted gross incon			11		
household. 12 Standard deduction or itemized				12	Q	
It you checked 13 Qualified business income deduct	tion from Form 8995 or Form	8996-A		13		
any bax under				14		
Security Subtract line 14 from line 11. If ze				15		
For Disclosure, Privacy Act, and Paperwork Reduction Act N	listica and apparate instruction		Car. No. 112208	-	Form 1040 gent	