**Financial Need Affidavit**

The purpose of this document is to confirm that the below-named scholar meets the financial need requirement for their scholarship organization to receive reimbursement funding from Prosperity Denver Fund.

Scholar First and Last Name:

Date of Birth:

Scholarship Provider:

**1**. **Did you complete the Free Application for Federal Student Aid (FAFSA) for your first year of post-secondary education?**

[ ]  Yes

[ ]  No (if no, you may skip to question 4)

**2. Did you receive a Federal Pell Grant for your first year of post-secondary education?**

[ ]  Yes (if yes, you may skip the remaining questions and sign on the final page)

 [ ]  No

**3. What was your Expected Family Contribution (EFC)\* for your first year of post-secondary education?**

*If EFC is provided, you may skip the remaining questions and sign on the final page*

*Your EFC is displayed in the upper right-hand corner of your FAFSA Student Aid Report (SAR)*

**4. Were you eligible for Free and Reduced-Price Lunch during high school?**

[ ]  Yes

[ ]  No

**5. Please check any of the boxes below that may have applied to your household during high school:**

[ ]  Temporary Assistance for Needy Families (TANF) Benefits

[ ]  Supplemental Nutrition Assistance Program (SNAP) Benefits

[ ]  Medicaid Eligibility

[ ]  Supplemental Security Income (SSI) or Disability Benefits

[ ]  Section 8 Housing Vouchers

[ ]  Women, Infants, and Children (WIC) Benefits

[ ]  An income that is too low to require a Federal Income Tax Filing

|  |  |
| --- | --- |
| **Household Size**  | **Annual Household Income** |
| 1 | $43,740 |
| 2 | $59,160 |
| 3 | $74,580 |
| 4 | $90,000 |
| 5 | $105,420 |
| 6 | $120,840 |
| 7 | $136,260 |
| 8 | $151,680 |
| For each additional person, add: |  $5,140 |

**6. Is your total household annual income at or below the guidelines to the right?** To determine your total household income, refer to Line 6 on Form 1040 for any individuals in your household who have taxable income (i.e. yourself and parents/guardians).

[ ]  Yes

[ ]  No

By signing below, I authorize my scholarship organization to release the information specified in this document to Prosperity Denver Fund. I confirm that information provided is accurate to the best of my knowledge.

Signature of Scholar Signature Date