Task: To submit ESA application for a returning family.
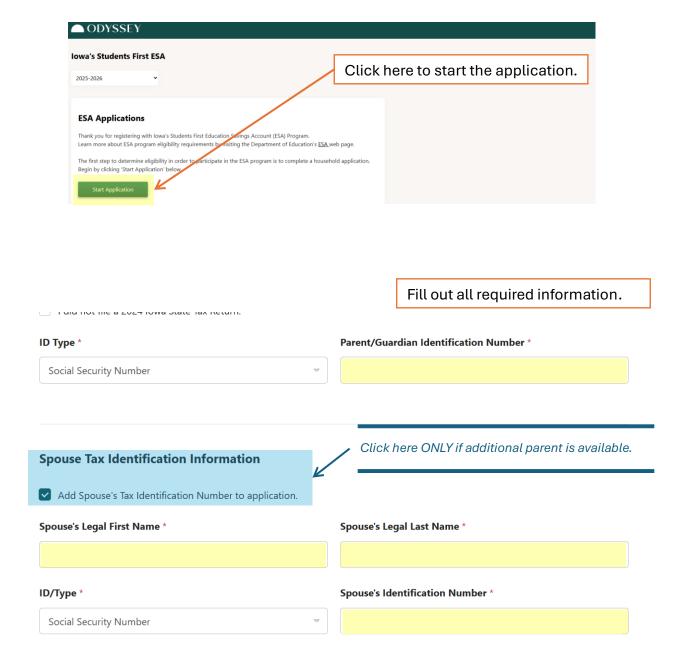
Go to: https://iowa-households.withodyssey.com/login/ and log in with your credentials.

Click here to start the application.

Fill out all required information.

ID Type *

Social Security Number

Parent/Guardian Identification Number *

Spouse Tax Identification Information

☑ Add Spouse's Tax Identification Number to application.

Click here ONLY if additional parent is available.

Spouse's Legal First Name *

Spouse's Legal Last Name *

ID/Type *

Social Security Number

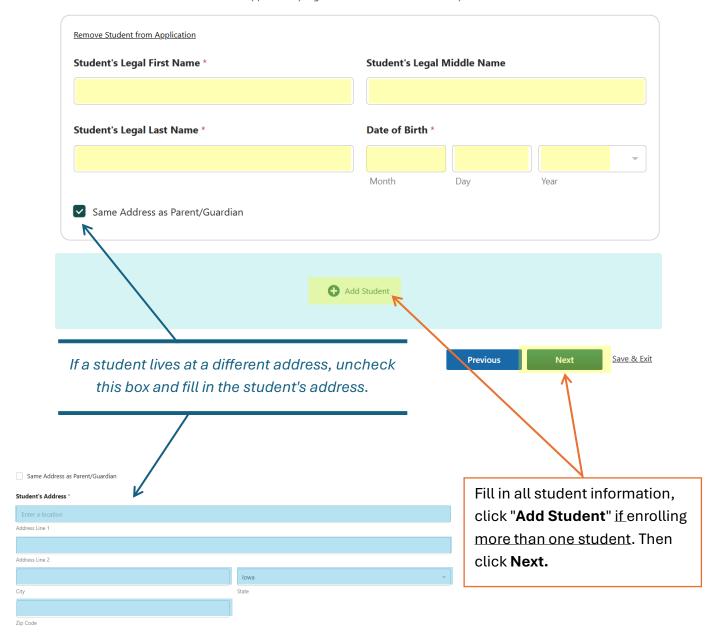**Spouse's Identification Number** *

Student Applications

Add each student for whom an ESA is being requested.

Enter student's legal name and date of birth. Click the checkbox if the student does not share the same residential address as the parent/guardian.

After all students have been added, click "Next".

Click the "Save & Exit" button to save the application progress in order to return and complete it at a later time.

Remove Student from Application

Student's Legal First Name *

Student's Legal Middle Name

Student's Legal Last Name *

Date of Birth *

Month   Day   Year

☑ Same Address as Parent/Guardian

⊕ Add Student

If a student lives at a different address, uncheck this box and fill in the student's address.

Previous   Next   Save & Exit

☐ Same Address as Parent/Guardian

Student's Address *

Enter a location

Address Line 1

Address Line 2

Iowa

City   State

Zip Code

Fill in all student information, click "**Add Student**" if enrolling more than one student. Then click **Next.**

Guardianship Checks

☑ I have the legal authority to request an education savings account for the student(s) in this application.

☑ I confirm the student(s) included in this application have not been claimed on another application.

Site Release

☑ The State of Iowa and Odyssey may share information to verify my application information.

Check all boxes to Approve & Consent.

Communication Consent:

Please select at least one communication preference to proceed.

☑ I agree to receive email communications related to this application and the education savings account(
☑ I agree to receive text communications related to this application and the education savings account(s).
☑ I agree to receive phone call communications related to this application and the education savings account(s).

Click here

[Previous] [Next] Save & Exit

Review each individual statement and check the box to affirm your understanding and agreement.

Please note: All boxes must be checked in order to proceed.

☑ I affirm that the information in this application is true and complete.

☑ I understand that I must follow Iowa Code section

☑ I understand students participating in an education   re-
quired student assessments, which may or may not be provided directly by the school, and for which results are required to be submitted to the Iowa Department of Education.

Check all boxes to Approve & Consent.

☑ I understand it is my responsibility to know and follow the applicable law.

☑ I understand that the State of Iowa and Odyssey will take action if my information is incorrect or if any improper benefits are awarded to the education savings account of any of the students included in my application.

☑ I consent to sharing my information and each child's information with and by any individual or organization necessary for my par-ticipation and each child's participation in this program, including financial information and personally identifiable information from student records under FERPA (20 U.S.C. § 1232g).

☑ I understand that any individual or organization will keep the information private and protected and not release it without my consent, unless my consent is not required by this release or under applicable state or federal law.

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☑ I understand this agreement is binding for as long as I participate and each child participates in the program and applies to any information given or benefit received.

☑ I understand that ESA funds will be used first to pay each semester's bill of tuition and fees (after any credits to that bill, such as scholarships or discounts) for my child. I may not pay a portion of my child's tuition bill out of my own pocket if I have currently available funds in my child's ESA account.

☑ By marking this checkbox, the undersigned authorizes the Iowa Department of Revenue (IDR) to release to the Iowa Department of Education any of the undersigned's tax information pertinent to this form, including but not limited to information related to state income tax.

Parent/Guardian Digital Signature *

Date *
| 4 | 16 | 2025 |

Spouse Digital Signature *

Date *
| 4 | 16 | 2025 |

Draw signature here and click submit

[Previous] [Submit] Save & Exit