PSAS
Private School Aid Service

Tuition Assistance Form

2015
2016

PARENT NAME

OFFICE USE ONLY

This Tuition Assistance Application covers the following tuition assistance programs:

Diocesan Scholarship: Open to any family with a Catholic student(s) entering 6th - 11th grade in a Diocese of Lansing Catholic School, and who's home Parish is in the Diocese of Lansing.

Greater Lansing Catholic Education Fund (GLCEF) Tuition Assistance Grants: Open to any family with a student(s) entering K-12th grade at a Catholic School in the Northwest Region.

Independent Schools: The following schools within the Diocese of Lansing use this application to determine tuition assistance awards. Eligibility and level of awards differ from school to school. Please check with your local school office for school-specific information.

To be considered for the Diocese of Lansing, this application must be postmarked no later than **MARCH 16, 2015** and mailed to:
PSAS, PO BOX 89434, CLEVELAND, OH 44101-6434

PARENT MAILING DEADLINE DATE FOR INDEPENDENT SCHOOLS:

IHM-St. Casimir - Lansing	(3-16-15)	St. John - Fenton	(4-20-15)	Holy Family - Grand Blanc	(4-17-15)
Lansing Catholic High School	(3-16-15)	St. Mary - Mt. Morris	(3-16-15)	Powers Catholic HS - Flint	(3-16-15)
Fr. Gabriel Richard High School	(2-27-15)	St. Patrick - Brighton	(5-1-15)	St. Robert Bellarmine - Flushing	(4-30-15)
Holy Spirit - Brighton	(3-16-15)	St. Pius X - Flint	(3-20-15)	Resurrection - Lansing	(3-16-15)
St. Gerard - Lansing	(3-18-15)	St. Thomas - Ann Arbor	(4-15-15)		
St. Francis - Ann Arbor	(5-30-15)	St. Thomas Aquinas - East Lansing	(3-16-15)		

Only one application is needed per family. You will be automatically considered for any of the programs listed above based on the information submitted on your application (the grade level and school(s) your child/children will attend in 2015-2016).

Questions can be directed to dioceseoflansing.org or 517-267-2107.

STUDENT NAME

TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note: This application requires documentation for income received in 2014.

1. Detailed copies of all pages and Schedules of your **2014** Federal Income Tax Return Form 1040 1040A, or 1040EZ **(as filed with the IRS)** for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule(s) A, C, E, F or a statement of dependence, you must provide copies. **If you earned income outside the US, provide all income documentation.** If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2014** W-2 Wage and Tax Statement Forms, all **2014** 1099/1099R for Interest/Dividends, Pensions Annuities and/or Misc. Income Forms for individuals listed in Sections A and B **(Please make sure all documentation is copied on regular 8 1/2 x 11 paper - documentation CANNOT be returned).**
3. Documentation of TOTAL AMOUNTS received in **2014** for all Non-Taxable Income (see Section G for specific requirements).
4. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of $30.00.
   Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.
5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

PSAS does not make final financial aid decisions. You will not receive results from PSAS. For more comprehensive instructions, please visit www.psas.org/instructions.

Keep a copy of this completed application and all documentation for your records.

To check the processing status of your application, go to www.my.psas.org.

Save Form | Print Form | Clear Form

Form #073 (2014)

TUITION ASSISTANCE APPLICATION // 2015-2016

A Parent, Guardian, or Other Adult Responsible for Tuition

Check One: ❍ Father ❍ Mother ❍ Step-Father ❍ Step-Mother ❍ Other Adult

Last Name | First Name | M.I.

Social Security Number | Date of Birth

Address | Apartment # (if applicable)

City | State | Zip Code

( ) Area Code Primary Phone | ( ) Area Code Secondary Phone

Email Address (REQUIRED)

Employed By | How long? (years)

Preferred Contact: ❍ Primary Phone ❍ Secondary Phone ❍ E-mail

❑ **Go Green:** Check this box if you wish to receive all correspondence electronically.

❑ If you are self-employed, please check and refer to Section K of this form.

B Parent, Guardian, or Other Adult Residing with Parent A

Check One: ❍ Father ❍ Mother ❍ Step-Father ❍ Step-Mother ❍ Other Adult

Last Name | First Name | M.I.

Social Security Number | Date of Birth

Address | Apartment # (if applicable)

City | State | Zip Code

( ) Area Code Primary Phone | ( ) Area Code Secondary Phone

Email Address (REQUIRED)

Employed By | How long? (years)

Preferred Contact: ❍ Primary Phone ❍ Secondary Phone ❍ E-mail

❑ **Go Green:** Check this box if you wish to receive all correspondence electronically.

❑ If you are self-employed, please check and refer to Section K of this form.

C Dependents

List all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc. DO NOT LEAVE BLANK.

DO NOT LEAVE BLANK

Number of dependent children who will attend a tuition charging school in the fall of 2015?

in Daycare: _____ | # in Pre-K: _____ | # in Elementary School: _____ | # in Secondary School: _____ | # in College: _____ | **Total:** _____

	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Relation to Parent/ Guardian A	**Name**, **city**, and **state** of school student plans to attend in the Fall of **2015.** **DO NOT ABBREVIATE**	Grade in the fall of **2015**	Is this child applying for aid for 2015-16? Yes	No	Is this the child's first year in this school? Yes	No	Is this child Catholic? Yes	No	Amount I/We feel I/We can pay toward tuition?	Tuition charged yearly per student?	School Code*
1						School Name / City and State		❍	❍	❍	❍	❍	❍			
2						School Name / City and State		❍	❍	❍	❍	❍	❍			
3						School Name / City and State		❍	❍	❍	❍	❍	❍			
4						School Name / City and State		❍	❍	❍	❍	❍	❍			
5						School Name / City and State		❍	❍	❍	❍	❍	❍			

❑ **Please check if additional dependents are listed on a separate sheet.**

***Refer to School Code List**

D Household Information

1. Number of individuals who will reside in my/our household during the **2015-2016** school year:

   Parents/Guardians _____ Children _____ Other* _____

   *If **Other**, please explain _____

2. **Current marital status/housing arrangement of Parent/Guardian A:**

   ❍ a. Single, never Married* ❍ b. Married ❍ c. Widowed ❍ d. Divorced* ❍ e. Remarried* ❍ f. Separated* ❍ g. Residing with Other ❍ h. Other:

   *If **Single, Divorced, Remarried, or Separated,** you are required to complete **Section E**.

E Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section A)

1. Date of separation (Month/Year) _____

2. Date of divorce (Month/Year) _____

3. Non-custodial parent (Last, First, M.I.) _____

4. Who claimed student as a tax dependent in **2014**? _____

5. Who is responsible for the tuition for the dependent(s) listed in Section C?				**Child Support (per year)**		
Father	Name: _____	Names of students father is responsible for: _____	Percent of tuition paid (per student): _____%	❑ Received $ _____	❑ Paid $ _____	❑ Neither
Mother	Name: _____	Names of students mother is responsible for: _____	Percent of tuition paid (per student): _____%	❑ Received $ _____	❑ Paid $ _____	❑ Neither
Other	Name: _____	Names of students other is responsible for: _____	Percent of tuition paid (per student): _____%	❑ Received $ _____	❑ Paid $ _____	❑ Neither

***If the person(s) above is/are responsible for additional students, please list in Section L.** If tuition is shared, each responsible party must complete a Tuition Assistance Application (TAA).

F Taxable Income (Answers in US$ ONLY)

The **2014** federal tax return for student's household was:

- ❍ Filed
- ❍ Not filed yet (See **Required Documentation** section)
- ❍ I/We do not file. I/We only receive non-taxable income - Go to Section G

	Actual 2014	Estimate 2015
1. Total number of exemptions claimed on Federal Income Tax form.		
2. Parent/Guardian A total taxable income from W-2 wages (Box 1). *Total income for Parent A only*	$	$
3. Parent/Guardian B total taxable income from W-2 wages (Box 1). *Total income for Parent B only*	$	$
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedules C, E, and/or F from your IRS 1040) **See 2014 1040 lines 12, 17, and 18**	$	$
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. **See 2014 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21; See 2014 1040A lines 8a-14b**	$	$
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. **See 2014 1040 line 36 or 1040A line 20**	$	$
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ. **See 2014 1040 line 37 or 1040A line 21**	$	$
8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. **See 2014 1040 line 63 or 1040A line 39**	$	$
9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	$	$
9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	$	$

G Non-Taxable Income (Answers in US$ ONLY)

List the **total amount** received from **1/1/14-12/31/14** for all recipients in the household. **DO NOT** list monthly amounts.

10. Child Support $ _____ per year
11. **Cash Assistance (TANF)** $ _____ **per year***
12. **Food Stamps (SNAP)** $ _____ **per year***
    a. **Medicaid received in 2014?** ❍ Yes ❍ No
13. **Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.)** $ _____ **per year***
    a. **Social Security income (SSI Only) Total received in 2014 (Provide documentation for all recipients in household.)** $ _____*
14. **Student loans and/or grants received for PARENT's education (Not college attending dependents or students listed in Section C.)**
    a. **Total received in 2014** $ _____*
    b. **Total used for living expenses** $ _____ **per year***
15. **Housing Assistance (Sec. 8, HUD, etc.)** $ _____ **per year***
    a. **Religious Housing Assistance (parsonage, manse, etc.) Total received in 2014** $ _____*
16. **Other non-taxable income (Working for cash, Adoption and/or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L)** $ _____ **per year***
    a. **Any and all Military/VA Benefits and/or Compensation Total received in 2014 (Identify source(s) in Section L)** $ _____ **per year***
17. Loans/Gifts from friends or relatives $ _____ per year
18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I) $ _____ per year
19. Total non-taxable income for **2014** $ _____ per year

***You must provide 2014 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/14-12/31/14.**

H Housing Information (DO NOT LEAVE BLANK)

20. Do you rent or own your residence? ❍ Rent ❍ Own (go to line 22)
21. If renting, what is the monthly rental payment? $ _____
    a. Amount paid by household $ _____ per month
    b. Amount paid by other source(s) $ _____ per month
    c. Are you current on your monthly payment? ❍ Yes ❍ No
    If No, what was the total amount paid in **2014**? $ _____
22. If you own a residence:
    a. What is the current market value? $ _____
    b. What is the amount still owed, including home equity loans? $ _____
    c. What is the monthly mortgage payment? $ _____ per month
    d. Are you current on your monthly payment? ❍ Yes ❍ No
    If No, what was the total amount paid in **2014**? $ _____

I Assets & Investments (Current Values)

23. Total amount in cash, checking, and savings accounts $ _____
24. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities $ _____
25. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts $ _____
    a. What was your total contribution to your retirement account(s) in **2014** (IRA, Keogh, 401K, SEP, etc.)? $ _____
26. If you own real estate other than your primary residence:
    a. What is the fair market value? $ _____
    b. What is the amount still owed? $ _____
27. Do you own a business? ❍ Yes ❍ No
    If **Yes**, please go to **Section K**.
    a. What is the fair market value of your business? $ _____
    b. What is the amount still owed? $ _____
28. Do you own a farm? ❍ Yes ❍ No
    If **Yes**, please go to **Section K**.
    a. What is the fair market value of your farm? $ _____
    b. What is the amount still owed? $ _____

J Unusual Circumstances (Check all that apply to your situation within the past 12 months)

- ❑ a. Loss of job
- ❑ b. Recent separation/divorce
- ❑ c. Change in family living status
- ❑ d. Change in work status
- ❑ e. Bankruptcy
- ❑ f. College expenses
- ❑ g. Income reduction
- ❑ h. Illness or injury
- ❑ i. Death in the family
- ❑ j. Shared custody
- ❑ k. High debt
- ❑ l. Child support reduction
- ❑ m. Medical/Dental expenses
- ❑ n. Shared tuition
- ❑ o. Other (explain in Section L)

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit www.psas.org/instructions.

Go to next page

Parent/Guardian A: _____ SS#: _____
Print Name

K Business Owners or Self-Employed Individuals (2014 Estimates)

*If you have not filed your **2014** Tax Return, and are Self-Employed, own a business, rental property, and/or a farm please provide an estimate of your income - **DO NOT LEAVE BLANK***

	Schedule C	Schedule E	Schedule F
1. What is your total estimated **GROSS** business income?	$	$	$
2. What is your total NET business taxable income/loss? (DO NOT LEAVE BLANK)	**$**	**$**	**$**
3. If your business pays your home rent or mortgage, what is the annual total?		$	
4. If your business pays for your personal automobile, what is the annual total?		$	
5. If your business pays any portion of other personal expenses, list total amount and explain in Section L.		$	
6. If you own rental property: What was the total amount of Rental Income received?		$	

L Explanations (Use this space to explain any answers which may need clarification.)

SCHOOL CODE LIST

Northwest Region

IHM - St. Casimir - Lansing	2755
Lansing Catholic High School	7469
Most Holy Trinity - Fowler	2752
Resurrection - Lansing	2756
St. Gerard - Lansing	7468
St. Joseph - St. Johns	2761
St. Martha - Okemos	2760
St. Mary - Charlotte	2750
St. Mary - Westphalia	2762
St. Mary - Williamston	2763
St. Michael - Grand Ledge	2753
St. Paul - Owosso	2766
St. Thomas Aquinas - East Lansing	7467

Southern Region

Jackson Catholic Middle School - Jackson	2767
Lumen Christi HS - Jackson	2787
Queen Miraculous Medal - Jackson	2788
Sacred Heart - Hudson	2789
St. John the Evangelist - Jackson	2790
St. Mary Star of the Sea - Jackson	2791

Northeast Region

Powers Catholic HS - Flint	2793
Holy Family - Grand Blanc	2051
Holy Rosary - Flint	2768
St. John the Evangelist - Fenton	2772
St. John Vianney - Flint	2769
St. Mary - Mount Morris	2773
St. Pius X - Flint	2770
St. Robert Bellarmine - Flushing	2774

Eastern Region

Fr. Gabriel Richard HS - Ann Arbor	1558
Holy Spirit - Brighton	4607
St. Francis - Ann Arbor	1616
St. Joseph - Howell	2776
St. Mary - Pinckney	2779
St. Patrick - Brighton	4909
St. Thomas - Ann Arbor	2393

For more information, contact the Diocese of Lansing at (517) 267-2107 or www.dioceseoflansing.org.

M Certification, Authorization, and Documentation Requirements

WHAT IS REQUIRED TO PROCESS THIS APPLICATION
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

1. This application form filled out in its entirety, *SIGNED AND DATED BELOW* by the Parent(s)/Guardian(s) listed in Sections A and B.

2. A check or money order made payable to PRIVATE SCHOOL AID SERVICE in the amount of $30.00. *This is a non-refundable application fee.*

3.

If you have filed a 2014 IRS Form 1040:

A complete photocopy of your **2014** Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

If you have not yet filed a 2014 IRS Form 1040:

A complete photocopy of your most recent Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules). **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). ***If this application is submitted after April 15, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.***

If you do not file an IRS Form 1040 AND receive only non-taxable income:

Photocopies of your **2014** YEAR-END Social Services statement (TANF, etc.). Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing **TOTAL AMOUNTS** received in **2014** for ALL members of the household.

❑ An electronic recap of this written application is available for an additional $5 fee. You must have an email address listed in Section A in order to receive the electronic recap. Please check this box and include an additional $5 with your processing fee if you would like to receive an electronic recap.

Checkout

❑ Non-Refundable Application Processing Fee	$30.00
❑ Electronic Recap Fee (optional)	$5.00
*Please make checks payable to PSAS — **Total**	

SIGN HERE

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the schools and agencies named in Section C under contract with PSAS.

Parent/Guardian A _____ **Date** _____ **Parent/Guardian B** _____ **Date** _____

This Tuition Assistance Application (TAA), all attachments and an analysis of your TAA are sent only to the school(s) or agencies contracting with PSAS.
You will not receive results from PSAS. No other agency will see or receive any information about this application or its attachments.

Mail completed application and photocopies of all documentation to:
PRIVATE SCHOOL AID SERVICE, P.O. BOX 89434, CLEVELAND, OH 44101-6434

Questions? Call: (440) 892-4272 ■ Copyright © 2014 Private School Aid Service

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit www.psas.org/instructions.

INTRODUCTION

PRIVATE SCHOOL AID SERVICE (PSAS) is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Tuition Assistance Application, all attachments, and an analysis of your TAA are sent only to the school(s) or agencies contracting with PSAS. ***No other agency will receive any information about this application or its attachments.***

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

INSTRUCTIONS

A & B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Tuition Assistance Application (TAA) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K. If you provide your email address to PSAS, it will be used for application related communication only. Your email address will also be provided to the organizations you list in Section C as part of your application. Your email address will not be shared with any other third party.

CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

C Student Information

List all dependent children residing in your household in order of oldest to youngest. Indicate date of birth and the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (**2015-2016**); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, use a separate sheet.

NOTE: The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

Only the Diocesan Scholarship requires the child to be Catholic. All other grants are open to all students.

D Household Information

ITEM 1: Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A.

ITEM 2: Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

E Single, Divorced, Remarried, or Separated Parents

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2014, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2014. Be sure to estimate the income in Section F for 2015.

ITEM 5: Indicate who is responsible for tuition and what percentage for the dependents listed in Section C. List the total amount of child support actually received by custodial parents listed in Sections A & B. List the total amount received and the total amount paid for **2014**.

F Taxable Income (Answers in US$ ONLY)

List all actual amounts for **2014** and estimated amounts for **2015**.

ITEM 1: Enter the total number of exemptions you claimed on your **2014** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter the total **2014** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2014** W-2 forms and/or **2014** 1099 forms from all employers.

ITEM 3: Enter the total **2014** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2014** W-2 forms and/or **2014** 1099 forms from all employers.

ITEM 4: Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2014**, you must also fill out Section K of this application. *(See **2014** 1040 lines 12, 17, and 18, enter sum total.)*

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over $400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2014.** *(See **2014** 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21, or 1040A lines 8a-14b, enter sum total.)*

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member. *(See **2014** 1040 line 36, or 1040A line 20.)*

ITEM 7: Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. *(See **2014** 1040 line 37, or 1040A line 21.)*

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. *(See **2014** 1040 line 63, or 1040A line .)*

ITEM 9a: Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

ITEM 9b: Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

G Non-Taxable Income (Answers in US$ ONLY)

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2014** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

ITEM 10: Child support: Report total amount received for **2014** for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for **2014**.

ITEM 12: Food Stamps (SNAP): Report total amount received for **2014**. Do not combine with TANF or Medicaid.

ITEM 12a: Did you receive Medicaid in **2014**?

ITEM 13: Social Security benefits: Report the total non-taxable (**SSA/SSD, etc.**) amount received in **2014** for all recipients in household.

ITEM 13a: Social Security benefits: Report the total non-taxable (**SSI ONLY**) amount received in **2014** for all recipients in household.

ITEM 14: Student loans and/or grants: Report the total amount received in **2014** for PARENT'S education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2014**.

ITEM 15: Housing assistance: Report the total amount received for **2014**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

ITEM 15a: Religious Housing assistance: Report the total amount received for **2014**.

ITEM 16: Other non-taxable income: Report all additional non-taxable income received in **2014** including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

ITEM 16a: Any and all Military/VA Benefits and/or Compensation: Provide your Leave and Earnings Statement (if applicable) and report the total amount received for **2014** of food and other living allowances paid to members of the military, veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.), VA Educational Work-Study, etc. Identify source(s) in Section L.

ITEM 17: Loans/Gifts received from friends or relatives: Report the total amount received in **2014**.

ITEM 18: Personal Savings/Investment Accounts: Report the total amount used in **2014** for household expenses.

ITEM 19: Total non-taxable income for 2014: Add together Items 10-18.

H Housing Information

ITEMS 20 and 21: If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 21c: Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in **2014**.

ITEM 22a: Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

ITEM 22b: Check with your lending institution and enter the amount still owed, including second mortgages.

ITEM 22d: Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in **2014**.

I Assets and Investments

ITEM 23: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 24: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 25: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts. List total amount contributed in **2014** for Item 25a.

ITEM 26: Answer Items 26a and 26b for any and all investment real estate (not including the family's primary residence), if applicable. **Do not list the value of your home.** Second homes, rental properties, and land contracts should be included.

ITEM 27: If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your **2014** tax return, complete Section K of this application.

ITEM 28: If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your **2014** tax return, complete Section K of this application.

J Unusual Circumstances

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

K Business Income

Provide 2014 Business Income Estimates if you have not filed your 2014 Tax Return.

ITEM 1: List estimated total GROSS business income for **2014**.

ITEM 2: List estimated total NET taxable business income/loss for **2014**.

ITEM 3: List the total amount paid by business in **2014** for home rent or mortgage.

ITEM 4: List the total amount paid by business in **2014** for personal automobile.

ITEM 5: List the total amount of personal expenses paid by business in **2014** that do not fall into one of the categories above.

ITEM 6: List total amount of estimated rental income received in **2014**.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

L Explanation

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

M Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

REQUIRED DOCUMENTATION

If you have filed your 2014 IRS Form 1040:

You must submit photocopies of all pages of your **2014** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *Do not include your State tax return unless requested.*

If you have not filed your 2014 IRS Form 1040:

You must submit photocopies of all **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). ***If this application is submitted after April 15, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS.***

If you are an Independent Contractor or self-employed and have *not* filed your 2014 IRS form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). ***If this application is submitted after April 15, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS.***

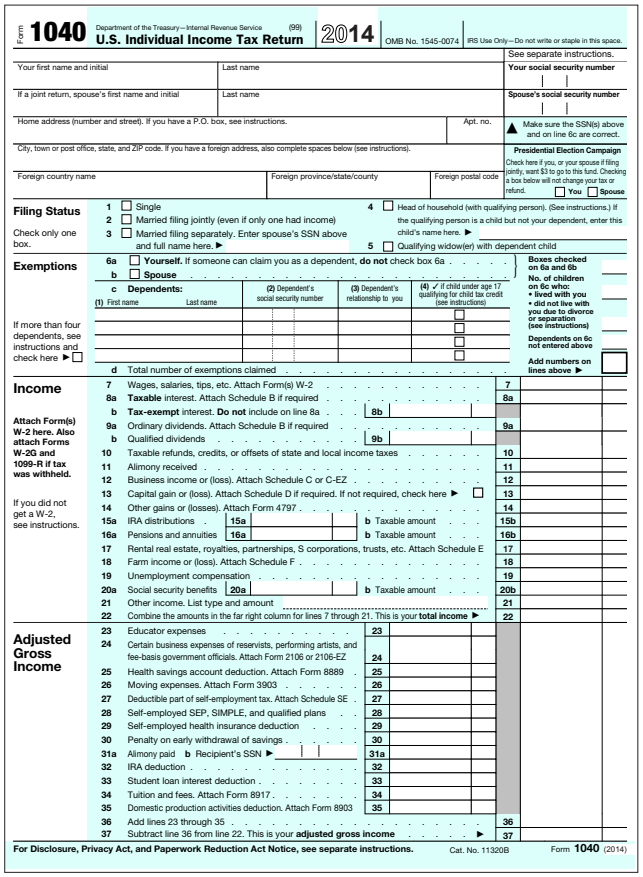
If you receive non-taxable income:

You must submit photocopies of your **2014** YEAR-END (**01/01/14 - 12/31/14**) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2014** for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

IF YOU EARNED INCOME OUTSIDE THE US, PROVIDE ALL DOCUMENTATION OF INTERNATIONAL INCOME.

Along with your application, you must include:

Copies of your 2014 Form 1040, 1040A, or 1040EZ (all pages)



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** 2014 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

See separate instructions.

Your first name and initial | Last name | Your social security number

If a joint return, spouse's first name and initial | Last name | Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | Presidential Election Campaign

Foreign country name | Foreign province/state/county | Foreign postal code | Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status Check only one box.
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**
Boxes checked on 6a and 6b
No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶
c **Dependents:** (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here ▶ ☐
d Total number of exemptions claimed

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.
7 Wages, salaries, tips, etc. Attach Form(s) W-2 — 7
8a **Taxable** interest. Attach Schedule B if required — 8a
b **Tax-exempt** interest. **Do not** include on line 8a — 8b
9a Ordinary dividends. Attach Schedule B if required — 9a
b Qualified dividends — 9b
10 Taxable refunds, credits, or offsets of state and local income taxes — 10
11 Alimony received — 11
12 Business income or (loss). Attach Schedule C or C-EZ — 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ — 13
14 Other gains or (losses). Attach Form 4797 — 14
15a IRA distributions — 15a — b Taxable amount — 15b
16a Pensions and annuities — 16a — b Taxable amount — 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E — 17
18 Farm income or (loss). Attach Schedule F — 18
19 Unemployment compensation — 19
20a Social security benefits — 20a — b Taxable amount — 20b
21 Other income. List type and amount — 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ — 22

Adjusted Gross Income
23 Educator expenses — 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ — 24
25 Health savings account deduction. Attach Form 8889 — 25
26 Moving expenses. Attach Form 3903 — 26
27 Deductible part of self-employment tax. Attach Schedule SE — 27
28 Self-employed SEP, SIMPLE, and qualified plans — 28
29 Self-employed health insurance deduction — 29
30 Penalty on early withdrawal of savings — 30
31a Alimony paid b Recipient's SSN ▶ — 31a
32 IRA deduction — 32
33 Student loan interest deduction — 33
34 Tuition and fees. Attach Form 8917 — 34
35 Domestic production activities deduction. Attach Form 8903 — 35
36 Add lines 23 through 35 — 36
37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ — 37

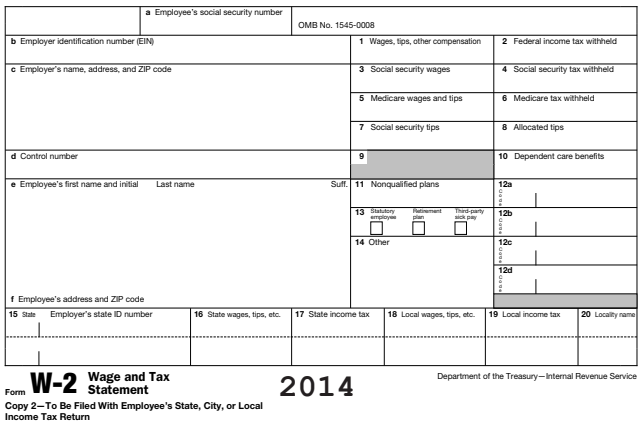
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2014)

Documentation Checklist

- ☐ Copies of all pages of your **2014** IRS Form 1040, 1040A, or 1040EZ including all Schedules.
- ☐ Copies of ***ALL*** W-2 and 1099 Forms for individuals listed in Sections A and B (All documentation should be copied on regular 8½ x 11 paper).
- ☐ Copies of all required non-taxable income documentation.

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions, visit www.psas.org/instructions.

Copies of your 2014 W-2 Forms FROM ALL EMPLOYERS



a Employee's social security number | OMB No. 1545-0008

b Employer identification number (EIN) | 1 Wages, tips, other compensation | 2 Federal income tax withheld

c Employer's name, address, and ZIP code | 3 Social security wages | 4 Social security tax withheld | 5 Medicare wages and tips | 6 Medicare tax withheld | 7 Social security tips | 8 Allocated tips

d Control number | 9 | 10 Dependent care benefits

e Employee's first name and initial Last name Suff. | 11 Nonqualified plans | 12a | 13 Statutory employee Retirement plan Third-party sick pay | 12b | 14 Other | 12c | 12d

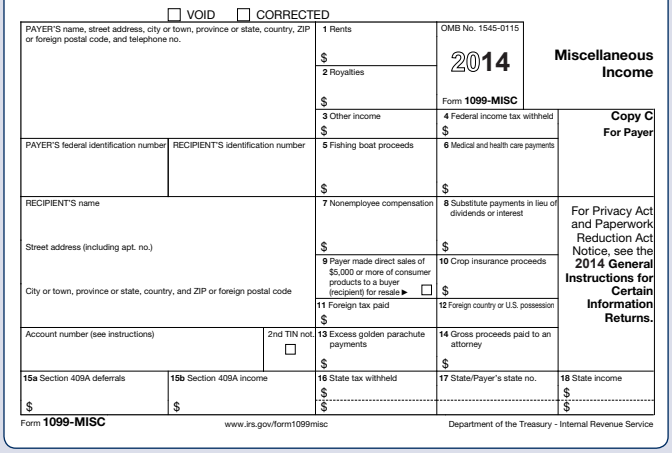
f Employee's address and ZIP code

15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name

Form **W-2** Wage and Tax Statement 2014 Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Copies of your 2014 1099 Forms (where applicable)



☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | 1 Rents | OMB No. 1545-0115 | 2014 | Form **1099-MISC** | **Miscellaneous Income**

2 Royalties | 3 Other income | 4 Federal income tax withheld | **Copy C For Payer**

PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care payments

RECIPIENT'S name | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | For Privacy Act and Paperwork Reduction Act Notice, see the **2014 General Instructions for Certain Information Returns.**

Street address (including apt. no.) | 9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐ | 10 Crop insurance proceeds

City or town, province or state, country, and ZIP or foreign postal code | 11 Foreign tax paid | 12 Foreign country or U.S. possession

Account number (see instructions) | 2nd TIN not. ☐ | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney

15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income

Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

If you do not have all of the documentation required:

Contact the IRS for a transcript of your complete 1040, 1040A, or 1040EZ, and any Schedules, etc.
Contact your employer for a copy of your W-2. Contact the appropriate company for a copy of your 1099.

Avoiding the Most Common Errors

THE MOST COMMON ERROR THAT APPLICANTS MAKE IS SENDING THE APPLICATION INCOMPLETE. IN ORDER FOR AN APPLICATION TO BE REVIEWED, IT MUST INCLUDE:

- All pages of your **2014** IRS Form 1040, 1040A, or 1040EZ (Federal Income Tax Return). **Do not send your state tax return, recap, or tax summary.** (If you have not yet filed your **2014** IRS Form 1040, or you do not file, please see the Required Documentation Section of the instructions.)
- **2014** W-2 and/or 1099 Forms for individual(s) listed in Sections A and B **(Please make sure all documentation is copied on regular $8^{1}/_{2}$ x 11 paper).**
- Non-taxable income verification.
- A check or money order for the non-refundable application fee of $30.00.
    - ↳ Print clearly and neatly with a blue or black ball point pen.
    - ↳ ***Make a photocopy of your completed Tuition Assistance Application and all supporting documentation for your records.***
    - ↳ Do not staple ANYTHING to the Tuition Assistance Application.
    - ↳ Submit the original application only.
    - ↳ Affix proper postage to the envelope (applications without sufficient postage will be returned by the post office).
    - ↳ **Do not send any original documents. Originals cannot be returned.**

PSAS CANNOT PROCESS YOUR APPLICATION IF YOU HAVE NOT INCLUDED THE REQUIRED DOCUMENTATION AND APPLICATION FEE.

Frequently Asked Questions

My spouse and I recently separated, who should fill out the application and with what information?

The person responsible for tuition should fill out the application. If you and your former spouse filed a joint tax return for the requested tax year then both adults should be included on the application. If both adults resided in the same home for half of the requested tax year then both parents should be included on the application. For example, if the application is requesting **2014** tax information and the couple separated in August **2014**, then both adults will be expected to provide documentation of their income.

I have not filed my tax return. What documents should I provide?

Please provide your last filed tax return and **2014** W-2 Forms. If you filed a Schedule C, E or F on the last filed tax return then you must provide gross and net business estimates in Section K. If you filed a Schedule C, E or F in the previous year's tax year, and do not plan on filing in the requested tax year, please state that in Section L. *Please Note: An IRS extension will be requested for all applications received April 15th and later.*

What is a net and gross business estimate?

Gross business income is the total amount of sales for a tax year. Net business income is the total amount of sales for a tax year minus the operating cost (The net business income is essentially the profit from the business, rental property or farm).

What is a Schedule C, E and F?

- A Schedule C refers to ***business income*** or loss.
- A Schedule E refers to ***rental property***, royalties, partnerships, S corporations, trusts, etc.
- A Schedule F refers to ***farm income*** or loss.

I have children in pre-school and/or college who are not applying for aid. Should I put them on the application? If so, why does it matter?

Please list all dependent children residing in your home who attend a tuition charging school/program. PSAS factors in the amount of children the household has in tuition charging schools.

I live with a significant other who is not responsible for my child's tuition. Should I include their information?

Financial aid considerations are based on total household income. In an effort to maintain consistency PSAS considers all members of the household who are contributing to household living expenses even if they are not legally responsible for tuition.

Why should I provide an email address?

E-mail is used to set up your personal PSAS account ,correspond with PSAS and track your application online at www.my.psas.org. The email address provided is only used by PSAS and the school(s) or agencies contracting with PSAS and will not be provided to any other entity.

For more frequently ask questions please visit www.psas.org.
If your inquiry does not match any of the listed FAQ's please email PSAS at info@psas.org or call (440) 892-4272.