



# Student Aid Form

2015  
2016

PARENT NAME

OFFICE USE ONLY  
Barcode

Rose Hill Center  
Holly, MI  
Code: 1928 (SCHL)  
PSAS: 0 P-R-N-B (SE)  
\_6\_201\_SCHL\_1928

## Rose Hill Center Potential Resident Application

### 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 the individual listed in Section A. 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 requirements in Section I.
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 the individual listed in Section A (**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 C 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 for the Potential Rose Hill resident listed in Section A.

**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](http://www.psas.org/instructions).

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

STUDENT NAME

**A ROSE HILL APPLICANT**

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 G of this form.

**C NON-TAXABLE INCOME (Answers in US\$ ONLY)**

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

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

\*You must provide 2014 YEAR-END documentation for items 1-7a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/14-12/31/14.

**E UNUSUAL CIRCUMSTANCES**

Check all that apply to your situation within the past 12 months:

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

**B TAXABLE INCOME (Answers in US\$ ONLY)**

The 2014 federal tax return for Rose Hill potential applicant 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 C

Income tax filing status for 2014:

- Single  
 Married, filing jointly  
 Married, filing separately  
 Head of household

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

**D HOUSING INFORMATION (DO NOT LEAVE BLANK)**

- Do you rent or own your residence?  Rent  Own (go to line 3)
- If renting, what is the monthly rental payment? \$ \_\_\_\_\_
  - Amount paid by household \$ \_\_\_\_\_ per month
  - Amount paid by other source(s) \$ \_\_\_\_\_ per month
- If you own your residence:
  - What is the current market value? \$ \_\_\_\_\_
  - What is the amount still owed, including home equity loans? \$ \_\_\_\_\_
  - What is the monthly mortgage payment? \$ \_\_\_\_\_ per month

## F ASSETS & INVESTMENTS (CURRENT VALUES)

- Total amount in cash, checking, and savings accounts \$ \_\_\_\_\_
- Is there a Trust for Rose Hill Applicant/Potential Resident?  
 Yes  No If **Yes**, list amount \$ \_\_\_\_\_
- Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ \_\_\_\_\_
- Total value of IRA, Keogh, 401K, SEP or other retirement accounts \$ \_\_\_\_\_
- If you own real estate other than your primary residence,
  - What is the fair market value? \$ \_\_\_\_\_
  - What is the amount still owed? \$ \_\_\_\_\_
- Do you own a business?  Yes  No If **Yes**, please go to **Section G**.
  - What is the fair market value of your business? \$ \_\_\_\_\_
  - What is the amount still owed? \$ \_\_\_\_\_
- Do you own a farm?  Yes  No If **Yes**, please go to **Section G**.
  - What is the fair market value of your farm? \$ \_\_\_\_\_
  - What is the amount still owed? \$ \_\_\_\_\_

## G BUSINESS OWNERS OR SELF-EMPLOYED INDIVIDUALS (2014 TOTALS)

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**

- What is your total estimated GROSS business income?  
 Schedule C      Schedule E      Schedule F  
 \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_
- What is your total NET business taxable income/loss?  
 Schedule C      Schedule E      Schedule F  
 \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_
- If your business pays your home rent or mortgage, what is the annual total?  
 \$ \_\_\_\_\_
- If your business pays for your personal automobile, what is the annual total?  
 \$ \_\_\_\_\_
- If your business pays any portion of other personal expenses, list total amount and explain in SECTION H.  
 \$ \_\_\_\_\_
- If you own rental property: What was the total amount of Rental Income received?  
 \$ \_\_\_\_\_

## H EXPLANATIONS (USE THIS SPACE TO EXPLAIN ANY ANSWERS WHICH MAY NEED CLARIFICATION.)

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## I 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.)

- This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Potential Resident.
- 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.*

**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.

<b>Checkout</b>	<input type="checkbox"/> Non-Refundable Application Processing Fee ..... \$30.00 <input type="checkbox"/> Electronic Recap Fee (optional) ..... \$5.00 *Please make checks payable to PSAS <span style="float: right;"><b>Total</b> <input type="text"/></span>
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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 Rose Hill Center Financial Assistance Committee and/or its designee.

Potential Resident \_\_\_\_\_ Date \_\_\_\_\_

This Financial Assistance Form, all attachments and an analysis of this form are sent only to the program on the front of this form. **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](http://www.psas.org/instructions).