



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_202_SCHL_1928

Rose Hill Center Payor for 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 M.
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 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 Payor 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.

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

STUDENT NAME

FINANCIAL ASSISTANCE FORM // 2015-2016

A PAYOR FOR POTENTIAL RESIDENT

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: <input type="radio"/> Primary Phone <input type="radio"/> Secondary Phone <input type="radio"/> E-mail								
<input type="checkbox"/> Go Green: Check this box if you wish to receive all correspondence electronically.								
<input type="checkbox"/> If you are self-employed, please check and refer to Section K of this form.								

B POTENTIAL RESIDENT

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		

C PAYOR FOR POTENTIAL ROSE HILL RESIDENT (DO NOT LEAVE BLANK)

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	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: _____

Last Name	First Name	M.I.	Date of Birth	Office Use Only
1				
2				
3				

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

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 relationship to Parent _____

2. Current marital status/housing arrangement of Payor for Potential Resident:

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

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

E DIVORCED, SEPARATED OR SINGLE PAYORS FOR POTENTIAL RESIDENT (To be completed by the Payor listed in Section A)

1. Date of separation (Month/Year) _____

2. Date of divorce (Month/Year) _____

4. Do you receive or pay child support? Receive \$ _____ Per year
 Pay \$ _____ Per year
 Neither

5. Did you claim potential resident as a tax dependent in 2014? Yes No

F TAXABLE INCOME (Answers in US\$ ONLY)

The **2014** federal tax return for resident'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. | <input type="text"/> | <input type="text"/> |
| 2. PAYOR FOR RESIDENT total taxable income from W-2 wages (Box 1).
<i>Total income for PAYOR FOR RESIDENT only</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| 3. POTENTIAL RESIDENT total taxable income from W-2 wages (Box 1).
<i>Total income for POTENTIAL RESIDENT only</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| 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 | \$ <input type="text"/> | \$ <input type="text"/> |
| 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 | \$ <input type="text"/> | \$ <input type="text"/> |
| 6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ.
See 2014 1040 line 36 or 1040A line 20 | \$ <input type="text"/> | \$ <input type="text"/> |
| 7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ.
See 2014 1040 line 37 or 1040A line 21 | \$ <input type="text"/> | \$ <input type="text"/> |
| 8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. See 2014 1040 line 63 or 1040A line 39 | \$ <input type="text"/> | \$ <input type="text"/> |
| 9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form. | \$ <input type="text"/> | \$ <input type="text"/> |
| 9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form. | \$ <input type="text"/> | \$ <input type="text"/> |

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? \$

J UNUSUAL CIRCUMSTANCES (Check all that apply to your situation within the past 12 months)

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

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.

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? \$

Parent/Guardian A: _____
Print Name

SS#: _____

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.)

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 Payor for the Potential Resident.
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 →

<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	
Total	<input type="text"/>

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 Rose Hill Center Financial Assistance Committee and/or its designee.

Payor for 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.