

**SECTION 1**

**PARENT/GUARDIAN #1 INFORMATION** *(Parents, Step-Parents, Guardian – do not list divorced parent outside the household)*

FIRST NAME		LAST NAME		DATE OF BIRTH
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	EMAIL		
STREET ADDRESS				APT #
CITY			STATE	ZIP
MARITAL STATUS <i>(select one)</i>		PLACE OF WORSHIP		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Residing with Significant Other				
WORK STATUS <i>(select one)</i> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled				
RELIGIOUS AFFILIATION		PLACE OF WORSHIP		

**PARENT/GUARDIAN #2 INFORMATION** *(Parents, Step-Parents, Guardian – do not list divorced parent outside the household)*

FIRST NAME		LAST NAME		DATE OF BIRTH
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	EMAIL		
STREET ADDRESS				APT #
CITY			STATE	ZIP
MARITAL STATUS <i>(select one)</i>		PLACE OF WORSHIP		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Residing with Significant Other				
WORK STATUS <i>(select one)</i> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled				
RELIGIOUS AFFILIATION		PLACE OF WORSHIP		

**DEPENDENT INFORMATION** *(Enter all dependents in the household. A school status is required for each dependent)*

FIRST NAME		LAST NAME		DATE OF BIRTH
SCHOOL STATUS <i>(select one)</i> <input type="checkbox"/> Applying for Aid <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending Public School <input type="checkbox"/> Attending Other Private School (Not Applying for Aid)				
TUITION AMOUNT \$	SCHOOL NAME			UPCOMING GRADE
NON-TUITION EDUCATION EXPENSES \$	STUDENT EDUCATION CONTRIBUTION \$	DEPENDENT ESTIMATED EARNINGS \$	DEPENDENT SAVINGS \$	
FIRST NAME		LAST NAME		DATE OF BIRTH
SCHOOL STATUS <i>(select one)</i> <input type="checkbox"/> Applying for Aid (School Code Required) <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending Public School <input type="checkbox"/> Attending Other Private School (Not Applying for Aid)				
TUITION AMOUNT \$	SCHOOL NAME			UPCOMING GRADE
NON-TUITION EDUCATION EXPENSES \$	STUDENT EDUCATION CONTRIBUTION \$	DEPENDENT ESTIMATED EARNINGS \$	DEPENDENT SAVINGS \$	
FIRST NAME		LAST NAME		DATE OF BIRTH
SCHOOL STATUS <i>(select one)</i> <input type="checkbox"/> Applying for Aid (School Code Required) <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending Public School <input type="checkbox"/> Attending Other Private School (Not Applying for Aid)				
TUITION AMOUNT \$	SCHOOL NAME			UPCOMING GRADE
NON-TUITION EDUCATION EXPENSES \$	STUDENT EDUCATION CONTRIBUTION \$	DEPENDENT ESTIMATED EARNINGS \$	DEPENDENT SAVINGS \$	

## SECTION 2

**EMPLOYMENT INFORMATION** (List all jobs held by Parent (s)/Guardian(s) since January 1st of the previous year even if no longer employed.)

PARENT	EMPLOYER NAME	CURRENTLY AT JOB?	PREVIOUS YEAR W-2 INCOME	CURRENT YEAR ESTIMATED INCOME
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

**BUSINESS INFORMATION** (List all Business, Farm, Corporation, and Partnership income since January 1st of the previous year.)

PARENT	BUSINESS NAME	STILL OPERATING?	PERCENT OWNED
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
<b>TYPE OF BUSINESS</b>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>PREVIOUS YEAR NET PROFIT</b>	<b>PREVIOUS YEAR DEPRECIATION</b>
		\$	\$
		<b>CURRENT YEAR ESTIMATED NET PROFIT</b>	\$
			\$

  

PARENT	BUSINESS NAME	STILL OPERATING?	PERCENT OWNED
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
<b>TYPE OF BUSINESS</b>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>PREVIOUS YEAR NET PROFIT</b>	<b>PREVIOUS YEAR DEPRECIATION</b>
		\$	\$
		<b>CURRENT YEAR ESTIMATED NET PROFIT</b>	\$
			\$

  

PARENT	BUSINESS NAME	STILL OPERATING?	PERCENT OWNED
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
<b>TYPE OF BUSINESS</b>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>PREVIOUS YEAR NET PROFIT</b>	<b>PREVIOUS YEAR DEPRECIATION</b>
		\$	\$
		<b>CURRENT YEAR ESTIMATED NET PROFIT</b>	\$
			\$

  

PARENT	BUSINESS NAME	STILL OPERATING?	PERCENT OWNED
<input type="checkbox"/> #1 <input type="checkbox"/> #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
<b>TYPE OF BUSINESS</b>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>PREVIOUS YEAR NET PROFIT</b>	<b>PREVIOUS YEAR DEPRECIATION</b>
		\$	\$
		<b>CURRENT YEAR ESTIMATED NET PROFIT</b>	\$
			\$

### MONTHLY INCOME

<b>WELFARE (TANF)</b>	<b>FOOD STAMPS</b>	<b>FOSTER CARE</b>	<b>SOCIAL SECURITY FOR PARENT(S)/GUARDIAN(S)</b>	<b>DEPENDENTS (UNDER 19) OR ELDERLY</b>
\$	\$	\$	\$	\$
<b>CHILD SUPPORT</b>	<b>ALIMONY</b>	<b>MISCELLANEOUS</b>	<b>TYPES OF MISCELLANEOUS INCOME</b> (choose all that apply)	
\$	\$	\$	<input type="checkbox"/> Housing Allowance <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Retirement	

### OTHER INCOME

INTEREST AND DIVIDENDS		ANNUAL WORKERS' COMPENSATION	
PREVIOUS YEAR INTEREST	ESTIMATED CURRENT YEAR	ACTUAL PREVIOUS YEAR	ESTIMATE CURRENT YEAR
\$	\$	\$	\$
ANNUAL UNEMPLOYMENT		MISCELLANEOUS INCOME	
PREVIOUS YEAR ACTUAL	ESTIMATED CURRENT YEAR	ACTUAL PREVIOUS YEAR	ESTIMATE CURRENT YEAR
\$	\$	\$	\$
<b>SELECT EACH TYPE OF MISCELLANEOUS ANNUAL INCOME RECEIVED IN PREVIOUS YEAR</b>			
<input type="checkbox"/> Royalties <input type="checkbox"/> Inheritance <input type="checkbox"/> Winnings <input type="checkbox"/> Capital Gains <input type="checkbox"/> Assistance from Relative/Friends <input type="checkbox"/> 1099-M Income			

## SECTION 3

**HOME EXPENSES** (Please fill out RENT or HOME information, but not both)

RENT		UTILITIES (ANNUAL ENERGY EXPENSES)		
MONTHLY RENT	ANNUAL RENTERS INSURANCE	ELECTRICITY	GAS, OIL, COAL	WATER, SEWER
\$	\$	\$	\$	\$
HOME		IMPROVEMENTS, ADDITIONS		CURRENT MARKET VALUE
YEAR OF PURCHASE	PURCHASE PRICE	\$	\$	\$
PRINCIPAL OWED ON PROPERTY	MONTHLY MORTGAGE PAYMENT	PREVIOUS YEAR PROPERTY TAX	HOME OWNERS INSURANCE	
\$	\$	\$	\$	
<b>TYPE OF DWELLING</b>	<b>PREVIOUS YEAR RENTAL INCOME</b> (multi-family dwelling)		<b>PREVIOUS YEAR RENTAL EXPENSES</b> (multi-family dwelling)	
<input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family	\$		\$	

**SECTION 3 continued**

**MEDICAL EXPENSES** (List only your payments for the below)

MEDICAL/DENTAL	PREVIOUS YEAR PAYMENTS \$	CURRENT MEDICAL DEBT \$	HOW MUCH EMPLOYERS PAY FOR <b>MEDICAL INSURANCE</b> <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <b>DENTAL INSURANCE</b> <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
PRESCRIPTION DRUGS	\$	\$	
VISION CARE	\$	\$	

**ALIMONY AND CHILD SUPPORT PAYMENTS**

NUMBERS OF CHILDREN SUPPORTED	CHILD SUPPORT PAID IN PREVIOUS YEAR \$	ESTIMATED SUPPORT PAYMENTS FOR CURRENT YEAR \$	ALIMONY PAID IN PREVIOUS YEAR \$	ESTIMATED ALIMONY FOR CURRENT YEAR \$
-------------------------------	---	---	-------------------------------------	--

**CHILDCARE AND/OR ELDERLY CARE EXPENSES**

CHILD CARE		ELDERLY CARE	
PREVIOUS YEAR PAYMENTS \$	ESTIMATED CURRENT YEAR \$	PREVIOUS YEAR PAYMENTS \$	ESTIMATED CURRENT YEAR \$

**CHARITABLE GIVING** (List your two largest contributions)

NAME OF CHARITY	PREVIOUS YEAR CONTRIBUTION \$	NAME OF CHARITY	PREVIOUS YEAR CONTRIBUTION \$
-----------------	----------------------------------	-----------------	----------------------------------

**SECTION 4**

**ASSETS & DEBTS – REAL ESTATE OTHER THAN HOME**

NO. OF PROPERTIES OWNED	PURCHASE PRICE OF ALL PROPERTIES \$	IMPROVEMENTS/ADDITIONS \$	TOTAL CURRENT MARKET VALUE \$
TOTAL PRINCIPAL AMOUNT OWED (Sum of all mortgages for all properties) \$	TOTAL MONTHLY LOAN/MORTGAGE PAYMENT \$	PREVIOUS YEAR GROSS PROPERTY INCOME \$	PREVIOUS YEAR GROSS PROPERTY EXPENSE \$

TYPE OF PROPERTIES (choose one or more items)     Recreational     Business     Investment     Rental     Other

**ASSETS – RETIREMENT PLANS**

	PREVIOUS YEAR HOUSEHOLD CONTRIBUTION \$	PREVIOUS YEAR EMPLOYER CONTRIBUTION \$	PREVIOUS YEAR END VALUE \$
SELF MANAGED (IRA, SEP, etc.)			
OTHER QUALIFIED PLAN (Pension, 401K, ESOP, 403(b)(c))	\$	\$	\$

**ASSETS & DEBTS – AUTOMOBILES & RECREATIONAL VEHICLES**

NO. OF AUTOMOBILES YOU OWN	TOTAL VALUE \$	TOTAL MONTHLY LOAN PAYMENT \$	TOTAL DEBT \$
NO. OF AUTOMOBILES YOU LEASE	TOTAL MONTHLY LEASE PAYMENT \$	ANNUAL TOTAL OF VEHICLE INSURANCE \$	
RECREATIONAL VEHICLES/BOATS (Motor homes, boats, motorcycles, etc.)	TOTAL VALUE \$	TOTAL MONTHLY LOAN PAYMENTS \$	TOTAL DEBT \$

**ASSETS – CURRENT**

CHECKING, SAVING, CASH, CD'S \$	STOCKS, SECURITIES, BONDS, MUTUAL FUNDS (Not included in retirement plans) \$
------------------------------------	--

**MISCELLANEOUS DEBT**

CREDIT CARD DEBT \$	EDUCATION – PARENT(S)/GUARDIAN(S) \$	EDUCATION – DEPENDENTS \$
PERSONAL BANK LOANS \$	LOAN COMPANIES \$	OTHER DEBT \$

