



**SECTION 2**

**C. EMPLOYMENT INFORMATION** (List all current jobs held by Parent(s)/Guardian(s) in the section below)

<b>1. WHICH PARENT?</b> (Parent/Guardian #1 or 2)	<b>2. EMPLOYER NAME</b>	<b>3. CURRENTLY AT JOB?</b> YES	<b>4. CURRENT YEAR EST'D INCOME</b> (For current job)
① ②	<input type="text"/>	<input type="radio"/>	<input type="text"/> , <input type="text"/>
① ②	<input type="text"/>	<input type="radio"/>	<input type="text"/> , <input type="text"/>

**D. BUSINESS INFORMATION** (List all Business, Farm, Corporation, and Partnership income in the section below)

<b>1. WHICH PARENT?</b> (Parent/Guardian #1 or 2)	<b>2. BUSINESS NAME</b>	<b>3. STILL OPERATING?</b> YES
① ②	<input type="text"/>	<input type="radio"/>
① ②	<input type="text"/>	<input type="radio"/>

<b>4. TYPE OF BUSINESS</b>	<b>5. PERCENT OWNED</b>	<b>6. CURRENT YEAR ESTIMATED NET PROFIT</b>
#1 <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="text"/> %	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
#2 <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="text"/> %	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>

**E. MONTHLY INCOME** (Please enter *monthly* amounts)

<b>1. WELFARE (TANF)</b>	<b>2. FOOD STAMPS</b>	<b>3. RETIREMENT/IRA</b>	<b>4. PARENT(S)/GUARDIAN(S)</b>	<b>5. DEPENDENTS</b>
\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>

<b>6. CHILD SUPPORT</b>	<b>7. ALIMONY</b>	<b>8. MISCELLANEOUS MONTHLY INCOME</b>
\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="text"/>

**F. OTHER ANNUAL INCOME**

<b>INTERESTS AND DIVIDENDS:</b>	<b>WORKERS' COMPENSATION:</b>	<b>UNEMPLOYMENT:</b>	<b>MISCELLANEOUS INCOME:</b>
<b>1. EST'D CURRENT YEAR</b>	<b>2. EST'D CURRENT YEAR</b>	<b>3. EST'D CURRENT YEAR</b>	<b>4. EST'D CURRENT YEAR</b>
\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>

Capital Gains  Winnings  
 Inheritance  1099-M Income  
 Assistance from Relative/Friends  
 Other

**SECTION 3**

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

<b>RENT</b>		<b>UTILITIES ANNUAL ENERGY EXPENSES</b>		
<b>1. MONTHLY RENT</b>	<b>2. ANNUAL RENTERS INSURANCE</b>	<b>3. ELECTRICITY</b>	<b>4. GAS, OIL, COAL</b>	<b>5. WATER, SEWAGE</b>
\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>

<b>OWN</b>		<b>DWELLING TYPE</b>		
<b>6. MONTHLY MORTGAGE</b>	<b>7. CURRENT MARKET VALUE</b>	<b>8. TOTAL OWED ON PROPERTY</b>	<b>9. PRIOR YEAR PROPERTY TAX</b>	
\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	

<b>10. HOME OWNERS INSURANCE</b>	<b>11. TYPE OF DWELLING</b>	<b>12. PRIOR YEAR RENTAL INCOME</b>	<b>13. PRIOR YEAR RENTAL EXPENSES</b>
\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Multi-Family	(if not a single family dwelling) \$ <input type="text"/> , <input type="text"/>	(if not a single family dwelling) \$ <input type="text"/> , <input type="text"/>

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

<b>1. PAYMENTS MADE IN PRIOR YEAR</b>	<b>2. CURRENT MEDICAL DEBT</b>	<b>3. HOW MUCH EMPLOYERS PAY FOR:</b>
MEDICAL/DENTAL	\$ <input type="text"/> , <input type="text"/>	MEDICAL INSURANCE
PRESCRIPTION DRUGS	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
VISION CARE	\$ <input type="text"/> , <input type="text"/>	DENTAL INSURANCE
		<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None

SECTION 3 CONT'D

I. CHILD SUPPORT/ ALIMONY PAYMENTS

CHILD SUPPORT

1. NO. SUPPORTED

2. EST'D ANNUAL TOTAL

\$  ,

ALIMONY

3. EST'D ANNUAL AMOUNT

\$  ,

J. CHILDCARE/ ELDERLY CARE EXPENSES

CHILD CARE

1. EST'D ANNUAL TOTAL

\$  ,

ELDERLY CARE

2. EST'D ANNUAL AMOUNT

\$  ,

K. DONATIONS (List your two largest donations)

1. NAME OF CHARITY/ORGANIZATION

2. TOTAL ANNUAL DONATION

\$  ,   
\$  ,

SECTION 4

L. ASSETS & DEBTS - REAL ESTATE OTHER THAN HOME

1. NO. OF PROPERTIES

2. TOTAL CURRENT MARKET VALUE

\$  ,  ,

3. TOTAL AMOUNT OWED

\$  ,  ,

4. MONTHLY LOAN/MORTGAGE

\$  ,

5. PRIOR YEAR RENTAL INCOME

\$  ,

6. PRIOR YEAR RENTAL EXPENSES

\$  ,

7. TYPE OF PROPERTIES (Choose one or more items)

Recreational  Investment  Other  
 Business  Rental

M. ASSETS - RETIREMENT PLANS

SELF MANAGED  
IRA, SEP, ETC.)

1. PREVIOUS YEAR  
HOUSEHOLD CONTRIBUTION

\$  ,

2. PREVIOUS YEAR  
EMPLOYER CONTRIBUTION

\$  ,

3. PREVIOUS YEAR  
END VALUE

\$  ,

OTHER QUALIFIED PLAN  
(Pension, 401K, ESOP, 403 (b)(c))

\$  ,

\$  ,

\$  ,

N. ASSETS & DEBT - AUTOMOBILES

OWN

1. NO. OF VEHICLES

2. TOTAL VALUE

\$  ,

3. MONTHLY LOAN PAYMENT

\$  ,

4. TOTAL DEBT

\$  ,

LEASE

5. NO. OF VEHICLES

6. MONTHLY LEASE PAYMENT

\$  ,

7. TOTAL ANNUAL INSURANCE - ALL VEHICLES

\$  ,

O. ASSETS & DEBTS - RECREATIONAL  
VEHICLES/BOATS (Include all recreational  
vehicles: Motor homes, Boats, Motorcycles, ATV's, etc.)

1. TOTAL VALUE

\$  ,

2. TOTAL MONTHLY LOAN PAYMENTS

\$  ,

3. TOTAL DEBT

\$  ,

P. ASSETS - CURRENT

1. CHECKING ACCOUNT

\$  ,

2. SAVINGS ACCOUNT

\$  ,

3. CASH

\$  ,

4. STOCKS, CDS, BONDS, ETC.

\$  ,

Q. MISCELLANEOUS DEBT

1. CREDIT CARD DEBT

\$  ,

2. BANK LOANS

\$  ,

3. OTHER DEBTS

\$  ,

STUDENT/EDUCATION LOANS FOR:

4. PARENT(S)/GUARDIAN(S)

\$  ,

5. DEPENDENTS

\$  ,

SECTION 5

R. SPECIAL CIRCUMSTANCES

1.  Your household is expecting another child this year.
2.  You are in the process of a divorce or separation.
3.  There has been a recent death in the household.
4.  Your spouse will not cooperate in completing this form.
5.  A household member has a problem (addictions, mental illness, etc.) that is causing financial stress for the family.
6.  A household member has been recently diagnosed as severely ill.
7.  A household member is recently unemployed.
8.  Your household does not pay any rent or mortgage.
9.  Your household does not file a 1040 tax document.
10.  You are a non-custodial parent who is requested by your school to complete this financial aid form in addition to your ex-spouse, who is also completing this form.

**PROCESSING**

**T. APPLICATION PROCESSING FEES**

\$   **Required Processing Fee** (See Parent Directions for cost)  
Your application will not be processed without payment.

\$   **Total Payment** Please calculate the total payment you are including.

**PAYMENT METHOD** (Choose one method of payment)

Check     Money Order     Amex     Mastercard     Discover     Visa

CREDIT CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXP. DATE MM/YY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARD HOLDER NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**U. STATEMENTS & SIGNATURES** (This form must be signed by each Parent/Guardian)

I understand that in order to be considered for financial aid, I must complete all sections of the application that apply to my household. I agree to submit all requested and required documents to Smart Tuition, including all completed tax forms and other financial documents. I agree that Smart Tuition may contact me to request additional information or documents as it pertains to this application. I agree to allow Smart Tuition to provide the school with an analysis based on required application and additional publicly available information. I understand if I fail to submit the required tax forms and other financial documents or misrepresent information submitted on this application in any way, I may be disqualified by the school from receiving financial aid. If I have selected to make my application processing fee via debit card or credit card I authorize Smart Tuition to debit my account.

\_\_\_\_\_  
Parent / Guardian Signature #1

\_\_\_\_\_  
Parent / Guardian Signature #2

**INTERNAL OFFICE USE ONLY:**     CK     MO     CC     CA     FW     NP

TOTAL: \$   .      DATE:   /      EMP INITIAL: