Applicant & Co-Applicant Income Information

1. Size of household: Number of adults living in this household: ☐☐ Number of children living in this household: ☐☐

2. Do you file a federal income tax return? ◯ Yes, I file taxes. ◯ No, I do not file taxes.

3. Does the co-applicant file a federal income tax return? ◯ Yes, files jointly with applicant. ◯ Yes, files separately from applicant. ◯ No, does not file.

Taxable Income:

If none, enter "0."

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return. . . . . $ _____.00

5. If filing jointly or if there is not a co-applicant, enter "0".
If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. . . . . $ _____.00

6. Do you own any of the following? *

a. Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization	◯ Yes	◯ No
b. Farm – (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization	◯ Yes	◯ No
c. Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1)	◯ Yes	◯ No
d. S Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (4 pages), Schedule K-1, Form 8825	◯ Yes	◯ No
e. Partnership – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1, Form 8825	◯ Yes	◯ No
f. Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1041 and Schedule K-1	◯ Yes	◯ No

*IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2010 federal tax return.

Nontaxable Income:

	Select how income is received.	*If none, enter "0."*
7. Child support received.	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
8. Social Security benefits received that were **not** taxed, such as SSI. . . .	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
9. Temporary Assistance for Needy Families (TANF).	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC).	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
11. Food stamps.	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
12. Tuition support anticipated from friends/relatives/employer.	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
13. Workers' Compensation.	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00
14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.)	◯ Weekly ◯ Monthly ◯ Annually	$ _____.00

Change of Income:

15. Do you anticipate a decrease in your 2011 household income? . . . . . ◯ Yes ◯ No

If yes, complete the following questions:

15a. What do you anticipate your income to be for the coming year? . . . . . $ _____.00

15b. What do you anticipate your spouse's income to be for the coming year? . . . . . $ _____.00

15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

Applicant:

◯ Unemployed or expect to be unemployed
◯ Will have reduced hours
◯ Plan to take a job at a lower wage rate
◯ Exiting the workforce and plan to work in the home
◯ Filing for legal separation or divorce
◯ Plan to retire
◯ Medical reasons
◯ Death of a spouse
◯ Increase in family size
◯ Loss of alimony or spousal support
◯ Military reasons
◯ Other: _____

Co-Applicant:

◯ Unemployed or expect to be unemployed
◯ Will have reduced hours
◯ Plan to take a job at a lower wage rate
◯ Exiting the workforce and plan to work in the home
◯ Filing for legal separation or divorce
◯ Plan to retire
◯ Medical reasons
◯ Death of a spouse
◯ Increase in family size
◯ Loss of alimony or spousal support
◯ Military reasons
◯ Other: _____

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.

Applicant & Co-Applicant Expense Information

Please complete required (shaded) fields.

Current MONTHLY Expenses:

Monthly Expenses
If none, enter "0."

1. Do you rent or own your primary residence? ○ Rent ○ Own ○ Other

2. Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.) $ _____.00

3. Do you own a second home (not including rental property)? ○ Yes ○ No

   3a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)? $ _____.00

4. Monthly home equity loan payments. $ _____.00

5. Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than three [3] vehicles, photocopy form and insert.)

	Make/Model	Year	*If none, enter "0."*
Vehicle #1			$ _____.00
Vehicle #2			$ _____.00
Vehicle #3			$ _____.00

6. Total credit card debt. (Do not include balances that are paid in full each month.) $ _____.00

7. Total of all minimum amounts due on monthly credit card statements. $ _____.00

8. Monthly student loan payments for family members no longer attending college. $ _____.00

9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) ○ Yes ○ No
   If yes, please list below. (If additional space is required, photocopy form and insert.)
   Refer to instructions for examples.

	If none, enter "0."
Loan #1	$ _____.00
Loan #2	$ _____.00
Loan #3	$ _____.00
Loan #4	$ _____.00

10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.) $ _____.00

11. Monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid pre-tax through your employer via payroll deduction or premiums that are deducted on your tax return as self-employed health insurance deductions.) $ _____.00

Current ANNUAL Expenses:

Annual Expenses
If none, enter "0."

12. Annual vehicle insurance expense. $ _____.00

13. Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples. $ _____.00

14. Charitable contributions—cash or checks—per year. $ _____.00

15. College Expenses:
    15a. Number of family members attending college beginning in the fall of 2011. ☐☐
    15b. Total amount of your family's out-of-pocket cost for **college** expected this school year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contributions expected from student earnings.) $ _____.00

16. Child/Day Care Expenses: **(Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.)**
    16a. Number of children for whom you pay child/day care expenses beginning in the fall of 2011. ☐☐
    16b. Total amount of child/day care expenses expected this year. $ _____.00

17. Elder Care Expenses:
    17a. Number of people for whom you pay elder care expenses. ☐☐
    17b. Total amount of elder care expenses expected this year. $ _____.00

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