



## SECTION 5: Other Monthly Income

(1) Welfare Income

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(2) Food Stamps

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(3) Parent(s)/Guardian(s)

\$ [ ] [ ] [ ] [ ] [ ] [ ]

Monthly Social Security for

(4) Dependents under 19

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(5) Elderly Dependents

\$ [ ] [ ] [ ] [ ] [ ] [ ]

Monthly Average Amount Received for

(6) Child Support

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(7) Alimony

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(8) Taxable

\$ [ ] [ ] [ ] [ ] [ ] [ ]

Miscellaneous Monthly Income

(9) Non-Taxable

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(10) Types of Miscellaneous Income (choose one or more)

- Housing Allowance  Veteran Benefits  
 Insurance  Retirement  Annuity

## SECTION 6: Other Yearly Income

(1) 2007 Interest & Dividends

\$ [ ] [ ] [ ] [ ] [ ] [ ]

Yearly Workers' Compensation

(2) Actual 2007

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(3) Estimated 2008

\$ [ ] [ ] [ ] [ ] [ ] [ ]

Yearly Unemployment

(4) Actual 2007

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(5) Estimated 2008

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(6) 2007 Lump Sum

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(7) Recurring Yearly

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Miscellaneous Yearly Income

(8) Types of Misc. Yearly Income received in 2007 (choose one or more items)

- Royalties  Inheritance  Insurance  Winnings  Capital Gains  
 Business Income not included in Section 4  Assistance from Friends/Relatives

## SECTION 7: If You Pay Rent

(1) Monthly Rent

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(2) Yearly Renters' Insurance

\$ [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 8: Yearly Energy Expenses (renters and homeowners)

(1) Electricity

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(2) Gas, Oil, Coal

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(3) Water, Sewage

\$ [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 9: Assets and Expenses – Home

(1) Year of Purchase

[ ] [ ] [ ] [ ]

(2) Purchase Price

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(3) Improvements/Additions

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(4) Current Market Value

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(5) Amount Owed on Home Loans/Mortgages (list total of all mortgages for this property)

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(6) Monthly Mortgage Payment

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(7) 2007 Property Tax (if not in monthly payments)

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(8) 2007 Home Insurance (if not in monthly payments)

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(9) Type of Dwelling

- Single Family  Multi-family

(10) 2007 Rental Income (if not a single family dwelling)

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(11) 2007 Rental Expenses (if not a single family dwelling)

\$ [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 10: Assets and Expenses – Real Estate other than Home

(1) Number of Properties

[ ] [ ]

(2) Purchase Price of all Properties

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(3) Cost of Improvements/Additions

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(4) Current Market Value

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(5) Amount Owed for all Properties

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(6) Total Monthly Loan/Mortgage Payment

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(7) 2007 Gross Property Income

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(8) 2007 Gross Property Expenses

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(9) Type of Properties (choose one or more items)

- Recreational  Business  Investment  Rental  Farm  Other

## SECTION 11: Assets and Debt – Automobiles

Information for vehicles that you own

(1) # Vehicles

[ ] [ ]

(2) Total Value

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(3) Total Debt

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Information for vehicles that you lease

(4) # Vehicles

[ ] [ ]

(5) Total Monthly Lease

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(6) Yearly Insurance Cost for All Vehicles

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(7) Make of Primary Vehicle

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(8) Make of Secondary Vehicle

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 12: Assets – Recreational Vehicles/Boats

Include all recreational vehicles (Motorhomes, Boats, Motorcycles, ATV's, etc.)

(1) Value

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(2) Debt

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 13: Assets – Cash, Stocks, etc.

(1) Checking, Savings, Cash, CD's

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(2) Stocks, Securities, Bonds, Mutual Funds

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 14: Assets – Retirement Plans

1. Self Managed (IRA, SEP, etc.)

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(1) 2007 Contribution–Household

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(2) 2007 Contribution–Employer

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(3) Total Current Value

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

2. Other Managed (401k, etc.)

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(1) 2007 Contribution–Household

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(2) 2007 Contribution–Employer

\$ [ ] [ ] [ ] [ ] [ ] [ ]

(3) Total Current Value

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION 15: Medical Expenses

|                                  |   |  |  |
|----------------------------------|---|--|--|
|                                  | (1) Payments Made in 2007<br><i>(amounts not paid for by insurance)</i>                               | (2) Current Medical Debt<br><i>(amounts not paid for by insurance)</i>                               | (3) Annual Insurance Premiums  |
| 1. Medical / Dental              | \$ <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"/> |
| 2. Prescription Drugs            | \$ <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"/> |
| 3. Prescription Eyewear          | \$ <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"/> |
| 4. How much do employers pay for | (4) Medical Insurance <input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None | (5) Dental Insurance <input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None |  |

## SECTION 16: Alimony and Child Support Payments

|   |  |  |
|---|--|--|
| (1) Number of Children Supported<br><input type="text"/> <input type="text"/> | (2) Child Support Paid to Others in 2007<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | (3) Estimated Support Payments in 2008<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
|   | (4) Alimony Paid to Others in 2007<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>       | (5) Estimated Alimony Payments in 2008<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |

## SECTION 17: Day Care and/or Elderly Care Expenses *(include summer camp expenses)*

|   |                      |  |  |
|---|----------------------|--|--|
| (1) Dependent Name <i>(first five characters)</i> | (2) Age              | (3) 2007 Payments  | (4) Estimated 2008 Payments  |
| 1. <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"/> |
| 2. <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"/> |
| 3. <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"/> |

## SECTION 18: Charitable Giving *(list your three largest contributions)*

|                         |  |
|-------------------------|--|
| (1) Name of Charity     | (2) 2007 Contributions   |
| 1. <input type="text"/> | \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| 2. <input type="text"/> | \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| 3. <input type="text"/> | \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |

## SECTION 19: Miscellaneous Debt *(do not list debit on home or property, medical debt, debt for cars, boats, or other vehicles)*

|  |   |  |  |
|--|---|--|--|
| (1) Credit Card<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>          | (2) Bank Loans<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>                      | (3) Loan Companies<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | (4) Loans—Friends or Relatives<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| (5) Education—Dependents<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | (6) Education—Parent(s)/Guardian(s)<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | (7) Other Debt<br>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>     |  |

## SECTION 20: Special Circumstances

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

## SECTION 21: Contributions to Education *(2008-2009)*

|   |  |
|---|--|
| (1) How much (in your opinion) can Parent(s)/Guardian(s) contribute toward the tuition of <u>all dependents</u> in this household next year?                  | \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| (2) How much per year is a non-custodial parent ordered by law to contribute toward the education of those applying for financial aid <u>with this form</u> ? | \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| (3) How much will any other sources contribute toward the education of those applying for financial aid <u>with this form</u> ?                               | \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |

## SECTION 22: List all Tuition Charging Schools, Including Colleges and Public Universities

**INSTRUCTIONS** TADS cannot process your application without this info. Please Note: DO NOT list a school more than once!

- I. See the *School Directions* for a list of all the schools in your financial aid program.
- II. From this list of schools, select all of the school(s) that your dependents may attend next school year (2008-2009). Enter the first five letters of the school name, school city and the school ID as they are listed on the *School Directions*; e.g., **SCHOO C I T Y N 1 2 3 4 5**
- III. Enter a school name only once; do not repeat school entries even if more than one dependent is attending the school.
- IV. Next, list all other tuition charging schools that your children will most likely attend next year that are not on this list.
- V. Enter the ID of "99999" for these schools. This ID indicates that your dependents are attending a school not in this financial aid program.

| SCHOOL                         | (1) First five letters of School Name                   | (2) First five letters of School City | (3) School ID           | (4) Estimate the Total Tuition Amount Parents/Guardians Will Pay for all students Attending this School | (5) Should TADS Send Your Financial Need Report to this School? |
|--------------------------------|---|---------------------------------------|-------------------------|---|---|
| School <input type="radio"/> A | <input type="text"/>                                    | <input type="text"/>                  | <input type="text"/>    | \$ <input type="text"/> , <input type="text"/>  | <input type="radio"/> Yes <input type="radio"/> No              |
| School <input type="radio"/> B | <input type="text"/>                                    | <input type="text"/>                  | <input type="text"/>    | \$ <input type="text"/> , <input type="text"/>  | <input type="radio"/> Yes <input type="radio"/> No              |
| School <input type="radio"/> C | <input type="text"/>                                    | <input type="text"/>                  | <input type="text"/>    | \$ <input type="text"/> , <input type="text"/>  | <input type="radio"/> Yes <input type="radio"/> No              |
| School <input type="radio"/> D | <input type="text"/>                                    | <input type="text"/>                  | <input type="text"/>    | \$ <input type="text"/> , <input type="text"/>  | <input type="radio"/> Yes <input type="radio"/> No              |
| School <input type="radio"/> X | Public Grade School, Public High School, or Home School |                                       | <input type="radio"/> Z | Not Attending any School (day care is not considered a school)  |   |

## SECTION 23: List all Dependents in the Household; do not Include Parent(s)/Guardian(s)

**TADS cannot process your application without this info.** If you have more than five dependents, please ask your financial aid officer for an addendum.

|                      | (1) Last Name        | (2) First Name       | (3) M.I.             | (4) Birth Year                            | (5) Grade 2008-09    | (6) Choose a school from Section 22 above   |
|----------------------|----------------------|----------------------|----------------------|---|----------------------|---|
| DEPENDENT NUMBER #01 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X <input type="radio"/> Z |
| #02                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X <input type="radio"/> Z |
| #03                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X <input type="radio"/> Z |
| #04                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X <input type="radio"/> Z |
| #05                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X <input type="radio"/> Z |

  

|                      | (7) Dependent Earnings in 2007                 | (8) Dependent Current Savings                  | (9) Amount Dependent can Contribute to Education from Earnings and Savings for School Year 2008-09 | (10) Expenses - Bus, Books, Uniforms, etc. (do not include cost of tuition) | (11) A Foster Child (Ward of the State)?           | (12) If Dependent will be in School/Preschool at School not Home? | (13) Returning to School Attended Last Year?       | (14) Attend- ing School (2008-09) Half Days?       | (15) Days per week in School |
|----------------------|--|--|--|---|--|---|--|--|------------------------------|
| DEPENDENT NUMBER #01 | \$ <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="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/>         |
| #02                  | \$ <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="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/>         |
| #03                  | \$ <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="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/>         |
| #04                  | \$ <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="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/>         |
| #05                  | \$ <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="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/>         |

## SECTION 24: Special Code Information (see School Directions)

(1) Code Number

## SECTION 26: Statement and Signatures

I declare that the information on this form is, to the best of my knowledge, correct and complete. I authorize the transmittal of the information on this form to the schools to which my children are applying for tuition assistance. I agree, if requested, to send additional information to support statements on this form. If payment is made by credit card I authorize Tuition Aid Data Services to process my credit card. If payment is made by check, authorization to use check as a source document for an ACH entry is granted. This form must be signed by each Parent/Guardian.

Parent/Guardian #1 Signature \_\_\_\_\_ Parent/Guardian #2 Signature \_\_\_\_\_

**OFFICE USE ONLY** CH MO VI MC FWT FWS SPF CA

\$

## SECTION 25: Application Processing Fees (see School Directions)

(1) \$  **Required Processing Fee (see School Directions for cost)**  
TADS cannot process your application without payment.

(2) \$  **Corporate Processing Fee (\$19)**  
You are required to pay this fee only if a member of your household owns 20% or more of a corporation.

(3) \$  **Parental Report Fee (\$8)**  
This optional report is used to verify your information.

(4) \$  **Total Payment Enclosed**

(5) **Payment Method**  Check  Money Order  Visa  MasterCard

(6) **Credit Card Number**

(7) **Credit Card Expiration Date**

(8) **Name as it Appears on the Credit Card**