



2020-2021 Tuition Assistance Application

Consider using our online application at www.cfslogin.com to expedite your FACT (Family Anticipated Contribution Total).

Processed by SchoolRIGHT, LLC | Littleton, Colorado
Need help? help@cfslogin.com

Complete all spaces and **SEND COPIES** of your current Federal and State Tax returns and your **four (4) most recent pay stubs** to CFS. All processed reports are reviewed by the school's Tuition Assistance Committee. The school does not discriminate on the basis of gender, race, color, national or ethnic origin. **APPLICATION DOES NOT GUARANTEE AWARD.** © by SchoolRIGHT, LLC | Littleton, CO

STEP 1 GENERAL INFORMATION

Information is Accurate as of TODAY'S DATE

This is for secured identification. **NO Social Security numbers.** **FIRST TIME USERS ONLY** indicate a username and password you would like to use in the boxes below (5 character min/10 character max, include 1 number).

Date

Username
Password

I. School Information

School Name or Scholarship Foundation

School's Registration Number

II. Family Information

Parent/Legal Guardian First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street or PO Box Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Occupation	Spouse's Occupation (if applicable)	
<input type="text"/>	<input type="text"/>	
Primary Phone	Secondary Phone	
<input type="text"/>	<input type="text"/>	
Email Address	Relationship to Student	
<input type="text"/>	<input type="text"/>	

Head of Household Employment Status	As of today, are you married?	If you are not married to OR are legally separated from the child(ren)'s other parent, are they required by the court to pay a portion of the tuition?
<input type="radio"/> Business Owner <input type="radio"/> Self Employed <input type="radio"/> Employed FT <input type="radio"/> Employed PT <input type="radio"/> Retired <input type="radio"/> Not Employed	<input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Single	Amount OR Percentage \$ %

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III. Student Information (Name(s) of children that will be attending this school only)

Child 1 First Name - THIS SCHOOL ONLY	MI	Last Name (if different from applicant's)	Entering Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2 First Name - THIS SCHOOL ONLY	MI	Last Name (if different from applicant's)	Entering Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3 First Name - THIS SCHOOL ONLY	MI	Last Name (if different from applicant's)	Entering Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4 First Name - THIS SCHOOL ONLY	MI	Last Name (if different from applicant's)	Entering Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5 First Name - THIS SCHOOL ONLY	MI	Last Name (if different from applicant's)	Entering Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 6 First Name - THIS SCHOOL ONLY	MI	Last Name (if different from applicant's)	Entering Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IV. Upcoming Students (Please help us get ready for additional students from your family)

First Name 1	MI	Last Name (if different from applicant's)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name 2	MI	Last Name (if different from applicant's)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name 3	MI	Last Name (if different from applicant's)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

V. Additional Family Information

Number of Children Enrolled In This School Last Year	<input type="text"/>
Number of Children Enrolled Receiving Tuition Assistance at This School Last Year	<input type="text"/>
Number of Children Who Will Be Attending A DIFFERENT PRIVATE SCHOOL (Grades K-12) During This Same Year (Do Not Include Home-school, Pre-School, Public School, College or this School)	<input type="text"/>
Name of Other Private School	<input type="text"/>
TOTAL Number of Persons Currently Living in Your Home and Fed out of Your Budget Every Month	<input type="text"/>
Local Church to Which You Attend or Belong	<input type="text"/>

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STEP 2 Income

All Entries Need to Be Rounded Off. Leave No Blanks, if Necessary, Enter "0."

I. Last Year's Income

This Information is From What Tax Year? →

Line # ↓

Adjusted GROSS Income (Federal Tax Form 1040, 1040A, 1040EZ)	\$		1
TAXABLE Income (Federal Tax Form 1040, 1040A, 1040EZ)	\$		2
STATE & FEDERAL Refunded or Paid: NET TAX REFUND (combined)	\$		3
OR TAXES PAID (combined)	\$		4
States With Scholarship Tax Credit Programs. Enter TOTAL Received LAST YEAR.	\$		5

II. Monthly Household Income Now

CAUTION: DO NOT ENTER INCOME TWICE

EARNED INCOME from which taxes have been withheld. (Worksheet A)

NOTE: SELF EMPLOYMENT INCOME IS ENTERED UNDER "OTHER INCOME, line 14 and/or 15.

Father/Step/Guardian Monthly Income Determined from Worksheets	\$		6
Mother/Step/Guardian Monthly Income Determined from Worksheets	\$		7
Monthly TANF(AFDC) or ADC, or AAC	\$		8
Monthly SNAP or WIC	\$		9
Monthly Security Checks Benefits	\$		10
Monthly Child Support/Alimony Received	\$		11

MONTHLY INVESTMENT INCOME (Worksheets Available)

Monthly Income from Investments (annual divided by 12)	\$		12
Amount/Value of the Above Investments	\$		13

OTHER INCOME (Schedule SE and/or C will be required)

All Other Income/Benefits (NON-Taxable) - Monthly	\$		14
All Other Income/Benefits (Taxable) - Monthly	\$		15

HELP FROM OTHERS

Monthly Employer Paid Education Benefits (applicable to this school)	\$		16
Monthly Tuition Help from Others (Friends, Relatives, etc)	\$		17

SELF-EMPLOYED OR BUSINESS OWNER? (See Worksheet B for additional needed information)	<input type="radio"/> Yes (you will be requested to submit a copy of your business/corporate federal tax return to CFS)	18
	<input type="radio"/> No	19

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STEP 3 Expenses - Personal

Monthly Household Expenses—Current (worksheet C) Leave no blanks, enter "0"

Mortgage or Rent (primary residence only)	\$		20	College Tuition (not college loans or savings plans)	\$		26
Auto Payments	\$		21	Child Care (Work Related)	\$		27
Child support/Alimony (NOT deducted from paycheck)	\$		22	Medical (not already deducted from paycheck)	\$		28
Utilities (See Worksheet)	\$		23	SHORT-TERM DEBT (credit cards, student loans) ↓			
Insurance (See Worksheet)	\$		24	Current Balance Due	\$		29
Tithe/Giving	\$		25	Total All Minimum Payments	\$		30
				Bankruptcy Payment (not deducted from paycheck)	\$		31

STEP 4 Assets & Liabilities - Personal

Assets & Liabilities - Leave no blanks, enter "0"

IRA's & All Other Retirement Accounts
 Value \$ 32

Home Value & Debt (for information only)
 Value \$ 33 Amount Owed \$ 34

Other Real Estate (non income producing)
 Value \$ 35 Amount Owed \$ 36

All Vehicles & Boats (NOT leased)
 Value \$ 37 Amount Owed \$ 38

Business or Farm Net Current Assets (Worksheet D)
 Value \$ 39

Cash, Cash Accounts, Cash and Non-Cash Investments. Include investments such as stock, gold, jewels, etc. DO NOT include cash or investments already listed above the Generate Income.
 Value \$ 40

If you reported over \$10,000 in cash and investments please help us understand the purpose of this cash.

Invested/Saved/Set Aside for Future (1)
 Contingency Fund (2)
 Future Purchase of a Home, College, etc (3)

If you checked #3, what is the designated future purpose?

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STEP 5 Financial Well-Being

If "1" represents complete dissatisfaction, the "10" represents complete satisfaction. The more dissatisfied you are, the lower the number; the more satisfied you are, the higher the number. Mark the appropriate selection with an X or by coloring in the number.

1. How satisfied are you with your present financial situation?

Dissatisfied 1	2	3	Somewhat Dissatisfied 4	5	6	Somewhat Satisfied 7	8	9	Satisfied 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How do you feel about your current financial situation?

Overwhelmed 1	2	3	Sometimes Worried 4	5	6	Not Worried 7	8	9	Comfortable 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How often do you worry about being able to meet normal monthly living expenses?

All the Time 1	2	3	Sometimes 4	5	6	Rarely 7	8	9	Never 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What do you feel is the level of your financial stress today?

Overwhelmed 1	2	3	High 4	5	6	Low 7	8	9	None 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How stressed do you feel about your personal finances in general?

Overwhelmed 1	2	3	High 4	5	6	Low 7	8	9	None 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How confident are you that you could find the money to play for a financial emergency that was \$1000?

No Confi- dence 1	2	3	Little Confi- dence 4	5	6	Some Confi- dence 7	8	9	High Confidence 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often does this happen to you: You want to go out to eat, go to a movie, etc., and don't go because you can't afford to?

All the time 1	2	3	Sometimes 4	5	6	Rarely 7	8	9	Never 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How frequently do you find yourself just getting by financially and living paycheck to paycheck?

All the Time 1	2	3	Sometimes 4	5	6	Rarely 7	8	9	Never 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE SELECT THE RESPONSE THAT BEST PERTAINS TO YOU

- | | |
|--|---|
| <input type="radio"/> I plan to make changes in my finances in the next 6 months. | <input type="radio"/> I made changes to my finances LESS than 6 months ago. |
| <input type="radio"/> I do not plan to make changes in my finances in the next 6 months. | <input type="radio"/> I made changes to my finances MORE than 6 months ago. |
| <input type="radio"/> I plan to take action toward my financial situation in the next 30 days. | |

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REQUEST FOR EXCEPTION. Enter here or attach a letter of explanation if you feel you have unusual or extenuating circumstances you would like the school to know about.

SIGNATURE OF APPLICANT (confirms that all information on this application is true, accurate, and complete to the best of your knowledge)

Date

STEP **6** Payment

PAPER APPLICATION is \$40. Pay by CREDIT CARD OR CHECK (make checks payable to SchoolRIGHT).
Submit your credit card info below or call us @303.339.0050 to pay.

CREDIT CARD PAYMENT
(VISA, MC, DISC, AMEX)

Name as it Appears on Card

Card's Billing Address

City

State

Zip Code

Card # (please be legible)

Expiration Date

CVS/CVV Code

CARD HOLDER'S SIGNATURE



A charge of \$40 for the paper application will be charged to your card. The charge will appear as "SchoolRIGHT, LLC." Use our online

If you choose to submit this hard copy of your application rather than the online version, return via email to fax@cfainfo.net, or by faxing or mailing a copy to us using the information below. Your application CANNOT be processed without payment. Please be legible.



PARENT INSTRUCTIONS & WORKSHEETS
for use with Downloadable PDF Application
2020-2021 School Year

NEW TO CFS?	INFORMATION TO GATHER FOR APPLICATION
<p>Q: HOW DO I APPLY?</p> <p>OPTION 1: (PREFERRED OPTION) You can go to cfslogin.com and create your account. At any time, you can save the application & return to finish. Caution - Once an application is SUBMITTED changes will not be permitted without permission from your school.</p> <p>OPTION 2: You can download a PDF application packet to print and fill out.</p>	<p>Current Income – Your four (4) most recent consecutive paystubs for each job. (Whether you are paid weekly or monthly, you will need 4 previous pay stubs. This may include papers explaining income from Social Security, temporary aid, food stamps, child support or alimony).</p> <p>Expenses - Monthly</p> <ul style="list-style-type: none"> • Mortgage/Rent (primary residence) • Auto payments • Credit Card/ Student Loan/ Short-term debt statements <p>Expenses - 3 Months Average</p> <ul style="list-style-type: none"> • Child support/Alimony • Monthly utilities (electric, water, heating fuel, garbage, Internet, Main phone) • Monthly insurance (auto, health, vision, dental, life) <i>do not report any deducted from pay</i> • College Tuition (not room & board, supplies, loans, savings plans) • Employment related child-care • Regular (monthly) medical expenses (not reimbursed or paid with a medical saving account) <p>Income Items from <i>Previous</i> Year</p> <ul style="list-style-type: none"> • Disbursements from investment income or IRA • Disbursements from children’s trust fund(s) • Federal Tax Return (1040) - most recent • Federal Schedule SE, if self-employed • State Tax Return, most recent <p>Asset & Liability Information</p> <ul style="list-style-type: none"> • Value of IRA’s and other retirement accounts • Estimated home value AND debt • Estimated value & debt of other real estate (non-income producing) • Cash, cash account, and other investments <p>If You <i>Own</i> a Business (in part or full)</p> <ul style="list-style-type: none"> • Business Tax Return (first 4 pages). • An accounting of current assets (cash assets, payables, receivables, not including building, equipment, inventory).
<p>Q: WHAT HAPPENES NEXT?</p> <p>A: Your school and CFS will be notified when your application has been submitted.</p> <p>You will receive an email from CFS requesting supporting documents. Please look in your spam folder if you do not see an email from us. ONLY SUBMIT requested documents via email to fax@cfainfo.net, or by faxing to 866-304-2974.</p> <p>*Additional documents may be requested.</p> <p>Once all requested documents have been received, reviewed & verified by CFS, your school will be notified that your application is completed.</p>	
<p>Q: HOW LONG DOES THE PROCESS TAKE?</p>	
<p>A: 3-5 business days, once ALL needed and correct information is received.</p>	
<p>Q: HOW IS THE ASSISTANCE CALCULATED?</p>	
<p>A: The school decides what assistance to award based on an impartial analysis of your finances and the amount of aid available.</p>	
<p>Q: APPLICATION DEADLINES?</p>	
<p>A: Deadlines for tuition assistance are set by the school, not CFS.</p>	

Expense Guide

	Allowed	NOT Allowed
Mortgage/Rent	Residential Mortgage/Rent Payments, Home Owners Insurance, Escrow, 2nd Mortgages	NOT ALLOWED: <u>NO</u> mortgage loan payments on second homes, Bare Land Mortgage or Loan Payments, Rental Property Mortgage
Auto Payments	Auto Installment Loan or Lease Payments	NOT ALLOWED: Auto Insurance, Gas, Maintenance, and Repairs
Child Support/Alimony	Child Support/Alimony Actually Paid (3 Months History)	
Monthly Utilities	Electricity, Water, Heating Fuel, Garbage, Internet, Main Phone	NOT ALLOWED: Long Distance Service, both a Cell Phone and Landline – choose ONLY ONE , and NOT multiple cell phones that might be on your plan. No paid TV services.
Monthly Insurance	Health, Life, Vision, Dental, Auto (actually paid by you)	NOT ALLOWED: Portions of Insurance Deducted from Your Pay, Homeowners Insurance and Other Insurances
Monthly Giving	Amount Actually Given	NOT ALLOWED: Charitable Contributions Deducted from Your Paycheck, Amount You Plan to Give
Monthly College Tuition	Actual Monthly Tuition Payments	NOT ALLOWED: Room & Board, Supplies, College Savings Plans, College Loans (to be reported under Short Term Debt)
Monthly Child-Care Paid	Only Work-Related Care	NOT ALLOWED: Babysitting/NON-Work-Related Care
Monthly Medical	Predictable Re-occurring Expenses, Medication and Treatment	NOT ALLOWED: Unpredictable expenses, payments using FSA, HSA or other medical savings accounts, or deductions from your paycheck
Short-Term Debt & Credit Cards	Sum of Current Balance Due on All Accounts Due and Sum of Minimum Payments	NOT ALLOWED: Loan Payments Deducted from Your Paychecks, Credit Card Balances Paid in Full Each Month, & Amounts Already Reported Elsewhere.
Tax Refund or Paid	Amount Refunded or Paid -- Net Fed & State Together	NOT ALLOWED: Amount Paid Because You Are Self-Employed, and You Did NOT Make Quarterly Payments to IRS or State.
Bankruptcy/Garnishment	Amounts Paid Monthly	NOT ALLOWED: Amounts Withheld from Your Paycheck
School Tuition	Do Not Include This Anywhere	NOT ALLOWED: This Information is NOT Requested.
Monthly Food Costs	This Is Calculated Automatically	NOT ALLOWED: This Information is NOT Requested.



Instruction Helps

Line Number Pertains to Paper Application Only

STEP 1 GENERAL INFORMATION INSTRUCTIONS

User Name & Password - This ID is what you should use as your user name and password if you complete the application online. It is for secured identification. We do not use your Social Security Number for identification (5-character minimum, 10-character max, must include 1 number)

SECTION I SCHOOL INFORMATION

Enter the student's school information
Enter the school number *the number that is assigned by CFS - Not entering this number WILL delay processing of the application. You can ask your school for the number*

SECTION II FAMILY INFORMATION

Parent/guardian/other personal information
Occupation – Description of you and/or your spouse's occupation
E-mail address (email addresses will never be shared or sold)
Relationship to student
Employment status – Head of Household
Marriage status (choose only one). Indicate marriage status as of today. For anticipated changes to be considered, a written explanation should be presented to the school. If divorced, the child's other parent may need to complete a separate CFS application

SECTION III STUDENT INFORMATION

Child(ren)'s name(s) & Upcoming Grade(s)

SECTION IV UPCOMING STUDENTS

Other Children. List any other children you may have that are not yet of age to enter school

SECTION V ADDITIONAL FAMILY INFORMATION

Number of children enrolled last year at **this school**
For how many of your children did you receive tuition assistance at this same school last year?
Indicate the number of children you will also have enrolled in a different private elementary or secondary school. **Do not include private preschool, home school, public school, college or THIS school**
Total # individuals currently living in your home on a regular basis

STEP 2 INCOME INSTRUCTIONS (WORKSHEET A AND B, IF NECESSARY)

Line 1 – Adjusted Gross Income from 1040, 1040A & EZ

Line 2 – Taxable Income from 1040, 1040A & EZ

Line 3 – Net Sum of Federal and State Return, OR

Line 4 – Net Sum of Federal and State Owed

Line 6 – Father/Guardian Income (Worksheet A)

Line 7 – Mother/Guardian Income (Worksheet A)

Line 10 – Report the amount of taxed and un-taxed social security benefits (including Supplemental Security Income & SSD) that you and your children are currently receiving

Line 11 – Child Support/Alimony - Transfer from Worksheet A

Line 12 – Investment Income from Worksheet A

Line 13 – Amount/Value of Above Investment Generating Income

Line 14 – All Other Income Total from Worksheet A (NON -Taxable)

Line 15 – All Other Income Total from Worksheet A and B (TAXABLE)

Line 16 – Employer paid tuition of your elementary or secondary private school tuition. Enter **monthly** amount.

Line 17 – There may be others willing to help with your tuition payments. These may be friends, relatives, individuals at church, or the church itself. Enter your best estimate of how much help you will receive **monthly**.

STEP 3 EXPENSE INSTRUCTIONS (WORKSHEET C)

Line 20 – Primary Residence include escrow payments for taxes & insurance

Line 21 – Lease Payments May Be Included

Line 23 – Electric, Water, Heating Fuel, Garbage, Internet, Main Phone (only one landline or one cell line may be listed)

Line 24 – Insurance - Auto, Health, Vision, Dental, Life (Exclude Portion Deducted from Pay or Paid by Employer)

Line 26 - **Not** Room & Board, Supplies, Loans, Savings Plans

Line 28 – Only predictable reoccurring expenses/treatments and not amounts paid through a medical savings account or reimbursed

Line 29 – Credit Card, Student Loans TOTAL Balance Due (Do Not Enter Auto Loans here)

Line 30 – TOTAL All Minimum Payments Due

STEP 4 ASSETS & LIABILITIES INSTRUCTIONS

Line 32 – IRA Not Included in Calculation

Line 39 – **For Business Owners Only, Worksheet D** Transferred from Net Current Asset Calculation Worksheet



Worksheet A Income

Calculate Employment Income

What if you don't have 4 paychecks yet? Using your most recent paychecks, calculate how much your income and deductions will be over a 4-pay check period. Use this projected four-check total in the worksheet.

What if you have more than one job? Print / copy / use one worksheet for each job. Use separate worksheets for father and for mother.

Parent/Guardian #1						
		<i>Example</i>	Job #1	Job #2	Job #3	
4 Most Recent Paycheck Total Take Home	A	\$5566				
4 Most Recent Paycheck Total Retirement Withheld	B	200				
4 Most Recent Paycheck Total Savings Withheld Pre-Take Home	C	400				
Add A + B + C and enter in Box D	D	6166				
Pay Frequency (Enter Appropriate Value in Box E for Each Job) <input type="checkbox"/> Monthly (.25) <input type="checkbox"/> Twice a month (semi-monthly) (.5) <input type="checkbox"/> Every other week (bi-weekly) (.542) <input type="checkbox"/> Weekly (1.083)	E	.542				
Multiply Box D x Box E and Enter in Box F	F	\$3342	\$	+\$	+\$	=\$
			Add All Box F's and Enter on Application Line 6			
Parent/Guardian #2						
		<i>Example</i>	Job #1	Job #2	Job #3	
Total 4 Most Recent Paycheck Take Home	A	\$2103				
Total 4 Most Recent Paycheck Retirement Withheld	B	20				
Total 4 Most Recent Paycheck Savings Withheld Pre-Take Home	C	100				
Add A + B + C and enter in Box D	D	2223				
Pay Frequency (Enter Checked Value in Box E) <input type="checkbox"/> Monthly (.25) <input type="checkbox"/> Twice/Month (.5) <input type="checkbox"/> Every Other Week (.542) <input type="checkbox"/> Weekly (1.083)	E	.25				
Multiply Box D x Box E and Enter in Box F	F	\$556	\$	+\$	+\$	=\$
			Add All Box F's and Enter on Application Line 7			



Worksheet A INCOME (Continued)

Child Support/Alimony

Include child support/alimony **received** for all children from all child support sources.

If a spouse pays household expenses in lieu of child support/alimony, include this amount only if you show these expenses in the expense section of the application.

Most Recent Month	\$		
1 Month Ago	\$		
2 Months Ago	\$		
TOTAL	\$	/3 =	\$
			Enter on Line 11

Monthly Investment Income

		Example	Example	
Today's Market Value of Investment (Enter on Line 13)		\$x,xxx,xxx	\$x,xxx,xxx	
Money Received from This Investment Last Year	A	\$10000	\$10000	
Percentage Increase or Decrease Do You Anticipate	B	+10%	-10%	%
Multiply A x B = C	C	+1000	-1000	
Add Box A + Box C =	D	\$11000	9000	
Divide Box D by 12(months) and Enter on Line 12		\$918	\$750	

All Other Income (Non-Taxable)

<ul style="list-style-type: none"> Grants/Scholarships for Your Own/Your Spouse's College Education Non-Taxable Child Subsidy Keogh Payments Untaxed Portions of Pensions Foreign Income Tax-Exempt Interest Income 	<ul style="list-style-type: none"> Welfare Benefits (Except AFDC or ADC) Worker's Compensation Veteran's Benefits Housing Food and Other Living Allowances or Benefits Cash or Money Paid for You 	Most Recent Months Total	
		2 Months Ago	
		TOTAL	
		Total Divided By 3 and Transfer to Line 14	

"All other" non-taxable income includes **any non-taxable income or benefits not reported elsewhere on this form**. Do not include amounts that you have reported elsewhere on this form. If negative, enter "0."

All Other Income (Taxable)

Unemployment Income	Most Recent Months Total	
<ul style="list-style-type: none"> In the case of home-based businesses, rental income, etc., only report the net income received from these sources, not the total/gross income the business receives. Any income on which you must pay FICA, deduct the estimated taxes from the gross amount earned before you enter it on this form. When "other" income is self-employment income, fill out Self-Employment Worksheet B on the following page and add these totals together. 	1 Month Ago	
	2 Months Ago	
	TOTAL	
	Total Divided By 3 and Transfer to Line 15	

Worksheet B Self-Employment / Corporation / Business and All Other Taxable Income

AN IMPORTANT NOTE ABOUT NET BUSINESS INCOME

Net Business Income = The amount your business paid you in salary, bonuses, commissions, dividends, including loans* made to you from your business, after paying social security and income taxes.

***Loans:** if you paid yourself by means of a loan from your business you will need to count that as income on this application. If personal loans from your business were paid back, reduce your income by that amount. This does not include personal loans from your bank or loans to your business by a bank or investor.

Use Method One
if your business income is stable & regular.

Method One	
1. Net salary your business pays to you now, monthly	
2. Net disbursements/dividends & loans* (not salary) received from your business last year , divided by 12.	
3. Total of lines 1 and 2 (transfer this total to box 15 on paper application)	

Use Method Two
if your business made little/nothing last year.

Method Two	
1. Total net your business amount paid you, the past three months	
2. Divide that amount by 3 (transfer this total to box 15 on paper application)	

Use Method Three
if your business income is irregular or infrequent.

Method Three	
1. Total net your business paid you the past 3 months of this year	
2. Total net your business paid you the same 3 months of last year	
3. Calculate the percentage of increase/decrease (line 1 divided by 2)	%
4. Total net paid to you, all last year (excluding SS and income taxes)	
5. Multiply line 4 x line 3 (the percentage of change)	%
6. Divide line 5 by 12 for monthly amount (transfer this total to box 15 on paper application)	

Use Method Four
if your income changes frequently **and** this year's income will be significantly different from last years.

Method Four	
1. Total net paid to you all last year (including loans*)	
2. Estimate percentage of increase / decrease for this year (Please be as accurate as possible, using the indicators particular to your business that you would typically use to manage your business. 10% decrease = 90% / 10% increase = 110%.)	%
3. Multiply line 1 times line 2 (percentage of change this year)	%
4. Divide line 3. by 12 for monthly amount (transfer this total to box 15 on paper application)	



Worksheet C Expenses – Personal

DO NOT ENTER AMOUNTS ALREADY DEDUCTED FROM YOUR PAYCHECK					Monthly	Paper Application
Mortgage/Rent (Primary Residence) (Include Escrow Amounts for Taxes & Insurance)					\$	Line 20
Auto Payments/Lease					\$	Line 21
	Most Recent Month (a)	1 Month Ago (b)	2 Months Ago (c)	Total (a+b+c)	"Total" of each row divided by 3	
Child Support/Alimony Paid (Do Not Include if Already Deducted from Paycheck)	\$			\$	\$	Line 22
Utilities - Electric, Water, Heating Fuel, Garbage, Internet, Main Phone	\$			\$	\$	Line 23
Insurance - Auto, (Health, Vision, Dental, Life (Exclude Portion Deducted from Pay))	\$			\$	\$	Line 24
Giving/Tithe	\$			\$	\$	Line 25
College Tuition Payments (Tuition Only)	\$			\$	\$	Line 26
Child-Care (Work Related Only)	\$			\$	\$	Line 27
Medical -Predictable re-occurring expenses/treatments, not premiums or amount paid out of a Medical Spending Account that has been deducted from paycheck	\$			\$	\$	Line 28

SHORT TERM DEBT (Credit Cards, Student Loans, Medical Credit (if not using Medical Expense Account to Pay) Do Not Include Auto Loans or Credit Cards Paid Off Each Month)

Loan Name	Balance Due		Minimum Payment
	\$		\$
	\$		\$
	\$		\$
TOTAL DUE (enter line 29)	\$	TOTAL MIN DUE (enter line 30)	\$



Worksheet D Business Owners Only

Net Current Asset Calculation Worksheet

i.e. Accessible Cash / Investments - Not Land, Equipment or Inventory

Current Assets (Do Not Include Inventory)			Current Liabilities		
Cash & Cash Accounts	\$		Notes Payable/Line of Credit	\$	
Investments Accounts			Accounts Payable Less A/P for Inventory		
Marketable Securities			Dividends Payable		
Notes and Accounts Receivable			Payroll Tax Payable		
Pre-Paid Expenses			Prepaid Income		
Misc (Include Short Term Investments)			Misc Accrued Liabilities		
TOTAL Current Assets		\$	TOTAL Current Liabilities		\$
			ASSETS minus LIABILITIES (if less than \$0, enter \$0)		\$
			Multiply Percentage of Ownership or Percentage of Stock Owned by Applicant _____% & Enter on Line 39		\$