



FINANCIAL INFORMATION FORM

Confidential

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Please complete this form in its entirety. This information will be used to determine the type and/or amount of tuition assistance that the student may be eligible to receive. Please be honest and accurate. **A COPY is to be attached to funding application for EACH student.**

School _____ Academic Year _____

TOTAL HOUSEHOLD GROSS INCOME - You must list How Much and How Often

Column 1—Household Members - List the first and last name of each person living in your household, related or not (such as grandparent, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

Column 2—Check if household member is a Student who is requesting funding from AESF

Column 3—Gross Income last month and how often it was received - Next to each person's name list each type of income received last month, and how often it was received (weekly, every other week, twice a month, or monthly).

- **Earning from work:** List the *Gross income each person, not the take-home pay. *Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you.
- **Welfare, child support, alimony:** List how much and how often it is received.
- **Pensions, retirement, Social Security:** List how much and how often it is received.
- **All other income:** Include - Supplemental Security Income (SSI), Worker's Compensation, Disability benefits, Veteran's benefits (VA benefits), Unemployment, Strike benefits, Regular contribution from people who do not live in your household, Net income from self-owned business, farm, or rental income, and ALL OTHER INCOME.

NOTE—If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances as income.

Column 4—Check if household member has no income - If the person does not have any income, check the box. Attach an additional sheet, if necessary.

1. Household Members (list everyone in Household)	2. Check if a Student requesting	3. Gross Income and How Often Received				4. Check if NO Income
		Earnings from Work Before Deductions	Welfare, child support, alimony	Pensions, retire- ment, Social Securi- ty, SSI, VA Benefits	All Other Income	

FAMILY INCOME SUMMARY—Total Annual Income (all sources) = \$ _____ | Number of Household Members = _____
Federal Income Level _____ up to 185% _____ 185% to 342.25% _____ >342.25%
(Refer to **Household Income Chart** for income level determination)



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VERIFICATION OF INCOME— Provide applicable documentation for all income included for each person on page 1.

Documents will NOT be returned; please do NOT send originals. Examples of documentation include but is not limited to those listed below:

JOBS—Paycheck stub which indicates the amount and how often pay is received; letter from employer state gross wages and how often they are paid; or, If self-employed, papers such as ledger or tax books

PENSIONS, RETIREMENT, SOCIAL SECURITY—Social Security retirement benefit letter; statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, WORKER'S COMP—Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS—Benefit letter from the Arizona Department of Economic Security or Arizona Temporary Assistance for Needy Families (TANF) office.

CHILD SUPPORT OR ALIMONY—Court decree, agreement, or copies of checks received.

OTHER INCOME (I.E. rental income, etc.) - Information that shows the amount of income received, how often it is received and date it is received.

Name of person completing this form (please print) _____

Relationship to Student _____

Contact Phone _____ Email Address _____

Address _____

City _____ ST _____ ZIP _____

If no income for Head of Household, please provide brief explanation or any other circumstances that you feel should be considered (optional) —

A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent. (A.R.S. §43-1603)

Grants/Scholarships are awarded without reference to race, color, religion, age, disability, national and ethnic origin, sexual orientation, gender, or familial status.

I certify that all information provided on this application is true and that all income received has been included.

Signature _____ Date _____