



# Student Aid Form

2015  
2016

PARENT NAME

OFFICE USE ONLY  
Barcode



## Diocese of Sioux City

### Monsignor Lafferty Tuition Foundation

Income must fall between 0-300% poverty level to qualify (Iowa residents only)

### Catherine Birzle Education Trust

Only High School students qualify

### Bishop's Education Fund

Income must fall between 301-400% poverty level to qualify (no state residency requirements)

### Local Tuition Assistance

Participating schools only

Help Desk at 1-866-424-6443

#### Application Conditions:

- Student(s) must live in Iowa for MLTF funding.
- Local assistance is open to all students, including those residing outside of Iowa. Please speak with your local school administrator to determine if local tuition assistance is available.
- Incomplete Applications cannot be processed.

#### Directions:

- One application is to be filed per family even if dependents attend more than one school.
- All applications are to be returned to PSAS. Online applications (\$23.00) available at [www.psas.org/MLTF.aspx](http://www.psas.org/MLTF.aspx). Paper applications are \$26.00.
- If you need assistance completing the application, please contact the help desk at 1-866-424-6443.

The deadline for guaranteed application consideration is **APRIL 1, 2015**.

## TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note: This application requires documentation for income received in 2014.

1. Detailed copies of all pages and Schedules of your **2014** Federal Income Tax Return Form 1040 1040A, or 1040EZ (as filed with the IRS) for individuals listed in Sections A and B. **Recaps and/or Summary Forms are not acceptable.** If you file Schedule(s) A, C, E, F or a statement of dependence, you must provide copies. **If you earned income outside the US, provide all income documentation.** If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS and page 6 Section M.
2. Copies of all **2014** W-2 Wage and Tax Statement Forms, all **2014** 1099/1099R for Interest/Dividends, Pensions Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 1/2 x 11 paper - documentation CANNOT be returned.**)
3. Documentation of TOTAL AMOUNTS received in **2014** for all Non-Taxable Income (see Section G for specific requirements).
4. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable fee of \$26.00 for a paper application. The online application fee is \$23.00.  
Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.
5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.
6. Please review pages 5 and 6 for explanations/directions as you complete this form.

**IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.**

PSAS does not make final financial aid decisions. You will not receive results from PSAS. For more comprehensive instructions, please visit [www.psas.org/instructions](http://www.psas.org/instructions).

**Keep a copy of this completed application and all documentation for your records.**

STUDENT NAME

# STUDENT AID FORM // 2015-2016

## A Parent, Guardian, or Other Adult Responsible for Tuition

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Parish Code\* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Area Code Primary Phone Area Code Secondary Phone  
 Email Address (REQUIRED) \_\_\_\_\_  
 Employed By \_\_\_\_\_ How long? (years) \_\_\_\_\_  
 Preferred Contact:  Primary Phone  Secondary Phone  E-mail  
 **Go Green:** Check this box if you wish to receive all correspondence electronically.  
 If you are self-employed, please check and refer to Section K of this form.

## B Parent, Guardian, or Other Adult Residing with Parent A

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Parish Code\* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Area Code Primary Phone Area Code Secondary Phone  
 Email Address (REQUIRED) \_\_\_\_\_  
 Employed By \_\_\_\_\_ How long? (years) \_\_\_\_\_  
 Preferred Contact:  Primary Phone  Secondary Phone  E-mail  
 **Go Green:** Check this box if you wish to receive all correspondence electronically.  
 If you are self-employed, please check and refer to Section K of this form.

## C Dependents List all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc. DO NOT LEAVE BLANK.

**DO NOT LEAVE BLANK** Number of dependent children who will attend a tuition charging school in the fall of 2015?  
 # in Daycare: \_\_\_\_\_ # in Pre-K: \_\_\_\_\_ # in Elementary School: \_\_\_\_\_ # in Secondary School: \_\_\_\_\_ # in College: \_\_\_\_\_ Total: \_\_\_\_\_

Students must be born on or before 9/15/2010 and enrolled in a qualified program to be eligible for MLTF awards.

Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Relation to Parent/Guardian A	Name, city, and state of school student plans to attend in the fall of 2015. <b>DO NOT ABBREVIATE</b>	Grade in the fall of 2015	Applying for Aid?		Tuition charged yearly per student?	Indicate if Catholic*:		School Code (Refer to School Code List)
							Yes	No		Yes	No	
1					School Name City and State		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
2					School Name City and State		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
3					School Name City and State		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
4					School Name City and State		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
5					School Name City and State		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	

Please check if additional dependents are listed on a separate sheet. **\*REQUIRED**

## D Household Information

1. Number of individuals who will reside in my/our household during the 2015-2016 school year:  
 Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other\* \_\_\_\_\_  
 \*If Other, please explain \_\_\_\_\_

2. Current marital status/housing arrangement of Parent/Guardian A:  
 a. Single, never Married\*  d. Divorced\*  g. Residing with Other  
 b. Married  e. Remarried\*  h. Other: \_\_\_\_\_  
 c. Widowed  f. Separated\* \_\_\_\_\_  
 \*If Single, Divorced, Remarried, or Separated, you are required to complete Section E.

## E Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section A)

1. Date of separation (Month/Year) \_\_\_\_\_ 2. Date of divorce (Month/Year) \_\_\_\_\_  
 3. Non-custodial parent (Last, First, M.I.) \_\_\_\_\_ 4. Who claimed student as a tax dependent in 2014? \_\_\_\_\_

5. Who is responsible for the tuition for the dependent(s) listed in Section C?

	Name:	Names of students responsible for:	Percent of tuition paid (per student):	Child Support (per year)		
Father	_____	_____	_____ %	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Mother	_____	_____	_____ %	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Other	_____	_____	_____ %	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither

If the person(s) above is/are responsible for additional students, please list in Section L.

## F Taxable Income (Answers in US\$ ONLY)

The **2014** federal tax return for student's household was:

- Filed  
 Not filed yet (See **Required Documentation** section)  
 I/We do not file. I/We only receive non-taxable income - Go to Section G

	Actual 2014	Estimate 2015
1. Total number of exemptions claimed on Federal Income Tax form.	<input type="text"/>	<input type="text"/>
2. Parent/Guardian A total taxable income from W-2 wages (Box 1). <i>Total income for Parent A only</i>	\$ _____	\$ _____
3. Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>	\$ _____	\$ _____
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedules C, E, and/or F from your IRS 1040) <b>See 2014 1040 lines 12, 17, and 18</b>	\$ _____	\$ _____
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. <b>See 2014 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21; See 2014 1040A lines 8a-14b</b>	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. <b>See 2014 1040 line 36 or 1040A line 20</b>	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ. <b>See 2014 1040 line 37 or 1040A line 21</b>	\$ _____	\$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. <b>See 2014 1040 line 63 or 1040A line 39</b>	\$ _____	\$ _____
9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ _____	\$ _____
9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$ _____	\$ _____

## H Housing Information (DO NOT LEAVE BLANK)

20. Do you rent or own your residence?  Rent  Own (go to line 22)
21. If renting, what is the monthly rental payment? \$ \_\_\_\_\_
- a. Amount paid by household \$ \_\_\_\_\_ per month
- b. Amount paid by other source(s) \$ \_\_\_\_\_ per month
- c. Are you current on your monthly payment?  Yes  No
- If No, what was the total amount paid in **2014**? \$ \_\_\_\_\_
22. If you own a residence:
- a. What is the current market value? \$ \_\_\_\_\_
- b. What is the amount still owed, including home equity loans? \$ \_\_\_\_\_
- c. What is the monthly mortgage payment? \$ \_\_\_\_\_ per month
- d. Are you current on your monthly payment?  Yes  No
- If No, what was the total amount paid in **2014**? \$ \_\_\_\_\_

## J Unusual Circumstances (Check all that apply to your situation within the past 12 months)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> a. Loss of job                    | <input type="checkbox"/> e. Bankruptcy        | <input type="checkbox"/> i. Death in the family     | <input type="checkbox"/> m. Medical/Dental expenses      |
| <input type="checkbox"/> b. Recent separation/divorce      | <input type="checkbox"/> f. College expenses  | <input type="checkbox"/> j. Shared custody          | <input type="checkbox"/> n. Shared tuition               |
| <input type="checkbox"/> c. Change in family living status | <input type="checkbox"/> g. Income reduction  | <input type="checkbox"/> k. High debt               | <input type="checkbox"/> o. Other (explain in Section L) |
| <input type="checkbox"/> d. Change in work status          | <input type="checkbox"/> h. Illness or injury | <input type="checkbox"/> l. Child support reduction |  |

Office Use Only

STO \_\_\_\_\_ H \_\_\_\_\_ T \_\_\_\_\_ AG \_\_\_\_\_

## G Non-Taxable Income (Answers in US\$ ONLY)

List the **total amount** received from **1/1/14-12/31/14** for all recipients in the household. **DO NOT** list monthly amounts.

10. Child Support \$ \_\_\_\_\_ per year
11. Cash Assistance (TANF) \$ \_\_\_\_\_ per year\*
12. Food Stamps (SNAP) \$ \_\_\_\_\_ per year\*
- a. Medicaid received in 2014?  Yes  No
13. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) \$ \_\_\_\_\_ per year\*
- a. Social Security income (SSI Only) Total received in 2014 \$ \_\_\_\_\_\*
- (Provide documentation for all recipients in household.)
14. Student loans and/or grants received for PARENT's education (Not college attending dependents or students listed in Section C.)
- a. Total received in 2014 \$ \_\_\_\_\_\*
- b. Total used for living expenses \$ \_\_\_\_\_ per year\*
15. Housing Assistance (Sec. 8, HUD, etc.) \$ \_\_\_\_\_ per year\*
- a. Religious Housing Assistance (parsonage, manse, etc.) Total received in 2014 \$ \_\_\_\_\_\*
16. Other non-taxable income (Working for cash, Adoption and/or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L) \$ \_\_\_\_\_ per year\*
- a. Any and all Military/VA Benefits and/or Compensation Total received in 2014 (Identify source(s) in Section L) \$ \_\_\_\_\_ per year\*
17. Loans/Gifts from friends or relatives \$ \_\_\_\_\_ per year
18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I) \$ \_\_\_\_\_ per year
19. Total non-taxable income for **2014** \$ \_\_\_\_\_ per year

\*You must provide 2014 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/14-12/31/14.

## I Assets & Investments (Current Values)

23. Total amount in cash, checking, and savings accounts \$ \_\_\_\_\_
24. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ \_\_\_\_\_
25. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts \$ \_\_\_\_\_
- a. What was your total contribution to your retirement account(s) in **2014** (IRA, Keogh, 401K, SEP, etc.)? \$ \_\_\_\_\_
26. If you own real estate other than your primary residence:
- a. What is the fair market value? \$ \_\_\_\_\_
- b. What is the amount still owed? \$ \_\_\_\_\_
27. Do you own a business? Type \_\_\_\_\_
- Yes  No If Yes, please go to **Section K**.
- a. What is the fair market value of your business? \$ \_\_\_\_\_
- b. What is the amount still owed? \$ \_\_\_\_\_
28. Do you own a farm? Acres \_\_\_\_\_
- Yes  No If Yes, please go to **Section K**.
- a. What is the fair market value of your farm? \$ \_\_\_\_\_
- b. What is the amount still owed? \$ \_\_\_\_\_

Parent/Guardian A: \_\_\_\_\_  
Print Name

SS#: \_\_\_\_\_

**K Business Owners or Self-Employed Individuals (2014 Estimates)**

If you have not filed your 2014 Tax Return, and are Self-Employed, own a business, rental property, and/or a farm please provide an estimate of your income - **DO NOT LEAVE BLANK**

	Schedule C	Schedule E	Schedule F
1. What is your total estimated GROSS business income?	\$ _____	\$ _____	\$ _____
2. What is your total NET business taxable income/loss? (DO NOT LEAVE BLANK)	\$ _____ <small>2014 1040 Line 12 Estimate</small>	\$ _____ <small>2014 1040 Line 17 Estimate</small>	\$ _____ <small>2014 1040 Line 18 Estimate</small>
3. If your business pays your home rent or mortgage, what is the annual total?		\$ _____	
4. If your business pays for your personal automobile, what is the annual total?		\$ _____	
5. If your business pays any portion of other personal expenses, list total amount and explain in Section L.		\$ _____	
6. If you own rental property: What was the total amount of Rental Income received?		\$ _____	

**L Explanations (Use this space to explain any answers which may need clarification.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M Certification, Authorization, and Documentation Requirements**

**WHAT IS REQUIRED TO PROCESS THIS APPLICATION**

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

1. This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent(s)/Guardian(s) listed in Sections A and B.
2. A check or money order made payable to PRIVATE SCHOOL AID SERVICE in the amount of \$26.00. This is a non-refundable application fee. Online applications will require a debit/credit card for payment.

If you have filed a 2014 IRS Form 1040:	If you have not yet filed a 2014 IRS Form 1040:	If you do not file an IRS Form 1040 AND receive only non-taxable income:
A complete photocopy of your 2014 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2014 W-2 Forms, 2014 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).	A complete photocopy of your most recent Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules). 2014 W-2 Forms, 2014 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). <i>If this application is submitted after April 1, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return. Not Applicable to Bishop Heelan Applicants.</i>	Photocopies of your 2014 YEAR-END Social Services statement (TANF, etc.). Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing TOTAL AMOUNTS received in 2014 for ALL members of the household.

An electronic recap of this written application is available for an additional \$5 fee. You must have an email address listed in Section A in order to receive the electronic recap. Please check this box and include an additional \$5 with your processing fee if you would like to receive an electronic recap.

**Checkout** →

<input type="checkbox"/> Non-Refundable Application Processing Fee .....	\$26.00
<input type="checkbox"/> Electronic Recap Fee (optional) .....	\$5.00
*Please make checks payable to PSAS	
<b>Total</b>	<input type="text"/>

**SIGN HERE**

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the schools and agencies named in Section C under contract with PSAS.

Parent/Guardian A \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian B \_\_\_\_\_ Date \_\_\_\_\_

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. **The Office of Education will send notification of awards.** No other agency will see or receive any information about this application or its attachments.

Mail completed application and photocopies of all documentation to:  
**PRIVATE SCHOOL AID SERVICE, P.O. BOX 89434, CLEVELAND, OH 44101-6434**  
Questions? Call: (440) 892-4272 ■ Copyright © 2015 Private School Aid Service

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit [www.psas.org/instructions](http://www.psas.org/instructions).

## INTRODUCTION

**PRIVATE SCHOOL AID SERVICE (PSAS)** is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.**

**PRIVATE SCHOOL AID SERVICE** does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

## INSTRUCTIONS

### A & B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K. If you provide your email address to PSAS, it will be used for application related communication only. Your email address will also be provided to the organizations you list in Section C as part of your application. Your email address will not be shared with any other third party.

**CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.**

### C Student Information

List all dependent children residing in your household in order of oldest to youngest. Indicate date of birth and the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (**2015-2016**); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, use a separate sheet.

**NOTE:** The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

### D Household Information

**ITEM 1:** Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A.

**ITEM 2:** Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

### E Single, Divorced, Remarried, or Separated Parents

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

**If the date of separation took place in the year 2014, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2014. Be sure to estimate the income in Section F for 2015.**

**ITEM 5:** Indicate who is responsible for tuition and what percentage for the dependents listed in Section C. List the total amount of child support actually received by custodial parents listed in Sections A & B. List the total amount received and the total amount paid for **2014**.

### F Taxable Income (Answers in US\$ ONLY)

List all actual amounts for **2014** and estimated amounts for **2015**.

**ITEM 1:** Enter the total number of exemptions you claimed on your **2014** IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** Enter the total **2014** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2014** W-2 forms and/or **2014** 1099 forms from all employers.

**ITEM 3:** Enter the total **2014** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2014** W-2 forms and/or **2014** 1099 forms from all employers.

**ITEM 4:** Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2014**, you must also fill out Section K of this application. (See **2014 1040 lines 12, 17, and 18, enter sum total.**)

**ITEM 5:** Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2014.** (See **2014 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21, or 1040A lines 8a-14b, enter sum total.**)

**ITEM 6:** Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member. (See **2014 1040 line 36, or 1040A line 20.**)

**ITEM 7:** Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (See **2014 1040 line 37, or 1040A line 21.**)

**ITEM 8:** Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (See **2014 1040 line 63, or 1040A line 39.**)

**ITEM 9a:** Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

**ITEM 9b:** Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit [www.psas.org/instructions](http://www.psas.org/instructions).

## G Non-Taxable Income (Answers in US\$ ONLY)

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2014** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

**ITEM 10: Child support:** Report total amount received for **2014** for all children in the household.

**ITEM 11: Cash Assistance (TANF):** Report total amount received for **2014**.

**ITEM 12: Food Stamps (SNAP):** Report total amount received for **2014**. Do not combine with TANF or Medicaid.

**ITEM 12a:** Did you receive Medicaid in **2014**?

**ITEM 13: Social Security benefits:** Report the total non-taxable (SSA/SSD, etc.) amount received in **2014** for all recipients in household.

**ITEM 13a: Social Security benefits:** Report the total non-taxable (SSI ONLY) amount received in **2014** for all recipients in household.

**ITEM 14: Student loans and/or grants:** Report the total amount received in **2014** for PARENT'S education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2014**.

**ITEM 15: Housing assistance:** Report the total amount received for **2014**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

**ITEM 15a: Religious Housing assistance:** Report the total amount received for **2014**.

**ITEM 16: Other non-taxable income:** Report all additional non-taxable income received in **2014** including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

**ITEM 16a: Any and all Military/VA Benefits and/or Compensation:** Provide your Leave and Earnings Statement (if applicable) and report the total amount received for **2014** of food and other living allowances paid to members of the military, veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.), VA Educational Work-Study, etc. Identify source(s) in Section L.

**ITEM 17: Loans/Gifts received from friends or relatives:** Report the total amount received in **2014**.

**ITEM 18: Personal Savings/Investment Accounts:** Report the total amount used in **2014** for household expenses.

**ITEM 19: Total non-taxable income for 2014:** Add together Items 10-18.

## H Housing Information

**ITEMS 20 and 21:** If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

**ITEM 21c:** Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in **2014**.

**ITEM 22a:** Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

**ITEM 22b:** Check with your lending institution and enter the amount still owed, including second mortgages.

**ITEM 22d:** Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in **2014**.

## I Assets and Investments

**ITEM 23:** List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

**ITEM 24:** List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

**ITEM 25:** List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts. List total amount contributed in **2014** for Item 25a.

**ITEM 26:** Answer Items 26a and 26b for any and all investment real estate (not including the family's primary residence), if applicable. **Do not list the value of your home.** Second homes, rental properties, and land contracts should be included.

**ITEM 27:** If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your **2014** tax return, complete Section K of this application.

**ITEM 28:** If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your **2014** tax return, complete Section K of this application.

## J Unusual Circumstances

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

## K Business Income

**Provide 2014 Business Income Estimates if you have not filed your 2014 Tax Return.**

**ITEM 1:** List estimated total GROSS business income for **2014**.

**ITEM 2:** List estimated total NET taxable business income/loss for **2014**.

**ITEM 3:** List the total amount paid by business in **2014** for home rent or mortgage.

**ITEM 4:** List the total amount paid by business in **2014** for personal automobile.

**ITEM 5:** List the total amount of personal expenses paid by business in **2014** that do not fall into one of the categories above.

**ITEM 6:** List total amount of estimated rental income received in **2014**.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

## L Explanation

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

## M Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

## REQUIRED DOCUMENTATION

### If you have filed your 2014 IRS Form 1040:

You must submit photocopies of all pages of your **2014** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s)). *Do not include your State tax return unless requested.*

### If you have not filed your 2014 IRS Form 1040:

You must submit photocopies of all **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). ***If this application is submitted after April 1, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS. Not applicable for Bishop Heelan applicants.***

### If you are an Independent Contractor or self-employed and have not filed your 2014 IRS form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). ***If this application is submitted after April 1, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS. Not applicable for Bishop Heelan applicants.***

### If you receive non-taxable income:

You must submit photocopies of your **2014** YEAR-END (01/01/14 - 12/31/14) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2014** for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

**IF YOU EARNED INCOME OUTSIDE THE US, PROVIDE ALL DOCUMENTATION OF INTERNATIONAL INCOME.**

# Monsignor Lafferty Tuition Foundation

## SCHOOL CODE LIST

School Code	School Name	City
3950	Bishop Garrigan/Seton Catholic Schools	Algona
3966	Sacred Heart School	Boone
3953	Kuemper Catholic Schools	Carroll
3961	Danbury Catholic	Danbury
3974	St. Rose of Lima Catholic School	Denison
3962	Emmetsburg Catholic	Emmetsburg
3954	St. Edmond Catholic Schools	Fort Dodge
3957	Spalding Catholic Schools	Granville
3971	St. Mary Catholic School	Humboldt
3952	Gehlen Catholic Schools	Le Mars
3965	Pocahontas Catholic	Pocahontas
3955	St. Mary Catholic Schools	Remsen
3973	St. Patrick Catholic School	Sheldon
3951	Bishop Heelan Catholic Schools	Sioux City
3967	Sacred Heart School	Spencer
3956	St. Mary Catholic Schools	Storm Lake

List School Code in Section C

## PARISH CODE LIST

Parish Code	Parish Name	City
5910	<b>Not registered at a parish in the Diocese of Sioux City</b>	
5820	St. Patrick	Akron
5801	St. Cecelia	Algona
5802	St. Mary	Alton
5803	St. Joseph	Anthon
5804	St. John	Arcadia
5805	St. Mary	Armstrong
5806	St. Mary	Ashton
5807	St. Mary	Auburn
5808	Sacred Heart	Ayrshire
5809	St. John	Bancroft
5810	St. Bernards	Blencoe
5811	Sacred Heart	Boone
5812	St. Bernard	Breda
5813	Holy Spirit	Carroll
5814	St. Lawrence	Carroll
5815	St. Boniface	Charter Oak
5816	Immaculate Conception	Cherokee
5817	St. Columbkil	Churdan
5818	Annunciation	Coon Rapids
5819	St. Mary	Danbury
5820	St. Joseph	Dedham
5821	St. Rose of Lima	Denison
5822	St. Mary	Dow City
5823	Sacred Heart	Early
5824	St. Joseph	Ellendale
5825	Holy Family	Emmetsburg
5826	St. Patrick	Estherville
5827	Our Lady of Good Counsel	Fonda
5905	Holy Trinity	Ft. Dodge
5828	St. John	Gilmore City
5829	St. Elizabeth	Glidden
5830	Immaculate Conception	Graettinger
5831	St. Bridgid	Grand Junction
5832	St. Joseph	Granville
5833	St. Augustine	Halbur
5834	St. Joseph	Hartley
5835	St. Mary	Hawarden
5836	Our Lady of Good Counsel	Holstein
5837	St. Anthony	Hospers
5838	St. Mary	Humboldt
5839	Sacred Heart	Ida Grove
5840	St. Joseph	Jefferson
5841	St. Michael	Kingsley
5842	St. Mary	Lake City
5843	St. Mary	Larchwood
5844	Sacred Heart	Laurens
5845	Sacred Heart	Ledyard
5913	All Saints	Le Mars
5848	Holy Family	Lidderdale
5949	Sacred Heart	Livermore
5850	St. Joseph	Lohrville
5851	St. Malachy	Madrid
5852	St. Mary	Mallard
5853	Sacred Heart	Manilla
5854	Sacred Heart	Manning
5855	St. Thomas	Manson
5856	St. Mary	Mapleton

Parish Code	Parish Name	City
5857	Holy Name	Marcus
5858	Assumption	Merrill
5859	St. Joseph	Milford
5860	Our Lady of Mt. Carmel	Mount Carmel
5861	Immaculate Conception	Moville
5862	St. Martin	Odebolt
5863	St. John	Ogden
5864	St. John	Onawa
5865	St. Mary	Oto
5866	St. Catherine	Oyens
5867	Resurrection	Pocahantas
5868	St. Mary	Pomeroy
5869	St. Anthony	Primghar
5870	St. Mary	Remsen
5871	Holy Name	Rock Rapids
5872	St. Mary	Rock Valley
5873	St. Francis	Rockwell City
5874	St. Margaret	Rolfe
5875	Holy Angels	Roselle
5876	St. Louis	Royal
5877	Sacred Heart	Ruthven
5878	St. Mary	Sac City
5879	St. Joseph	Salix
5880	St. Cecilia	Sanborn
5881	St. Joseph	Schaller
5883	St. Patrick	Sheldon
5884	St. Andrew	Sibley
5885	Christ the King	Sioux Center
5886	Blessed Sacrament	Sioux City
5887	Cathedral	Sioux City
5889	Immaculate Conception	Sioux City
5888	Nativity	Sioux City
5890	Sacred Heart	Sioux City
5891	St. Boniface	Sioux City
5892	St. Joseph	Sioux City
5893	St. Michael	Sioux City
5894	St. Joseph	Sioux Rapids
5895	Sacred Heart	Spencer
5896	St. Mary	Spirit Lake
5897	St. Benedict	St. Benedict
5898	St. Joseph	St. Joseph
5899	St. Mary	Storm Lake
5912	St. Joseph	Struble
5911	Sacred Heart	Sutherland
5900	Sacred Heart	Templeton
5901	St. Mary	Ute
5902	St. Ann	Vail
5903	St. Columbkille	Varina
5904	St. Joseph	Wall Lake
5905	Holy Trinity**	Webster County
5906	St. Joseph	Wesley
5907	SS. Peter & Paul	West Bend
5908	St. Michael	Whittemore
5909	St. Mary	Willey

\*\*Holy Trinity of Webster County includes:  
 St. Matthew, Clare  
 Christ the King, Dayton  
 Corpus Christie, Ft. Dodge  
 Sacred Heart, Ft. Dodge  
 Our Lady of Good Counsel, Moorland



## Avoiding the Most Common Errors

### **THE MOST COMMON ERROR THAT APPLICANTS MAKE IS SENDING THE APPLICATION INCOMPLETE. IN ORDER FOR AN APPLICATION TO BE REVIEWED, IT MUST INCLUDE:**

- All pages of your **2014** IRS Form 1040, 1040A, or 1040EZ (Federal Income Tax Return). **Do not send your state tax return, recap, or tax summary.** (If you have not yet filed your **2014** IRS Form 1040, or you do not file, please see the Required Documentation Section of the instructions.)
- **2014** W-2 and/or 1099 Forms for individual(s) listed in Sections A and B (**Please make sure all documentation is copied on regular 8½ x 11 paper**).
- Non-taxable income verification.
- A check or money order for the non-refundable application fee of \$26.00.
  - ↳ Print clearly and neatly with a blue or black ball point pen.
  - ↳ **Make a photocopy of your completed Student Aid Form and all supporting documentation for your records.**
  - ↳ Do not staple ANYTHING to the Student Aid Form.
  - ↳ Submit the original application only.
  - ↳ Affix proper postage to the envelope (applications without sufficient postage will be returned by the post office).
  - ↳ **Do not send any original documents. Originals cannot be returned.**

**PSAS CANNOT PROCESS YOUR APPLICATION IF YOU HAVE NOT INCLUDED THE REQUIRED DOCUMENTATION AND APPLICATION FEE.**

## Frequently Asked Questions

### **My spouse and I recently separated, who should fill out the application and with what information?**

The person responsible for tuition should fill out the application. If you and your former spouse filed a joint tax return for the requested tax year then both adults should be included on the application. If both adults resided in the same home for half of the requested tax year then both parents should be included on the application. For example, if the application is requesting **2014** tax information and the couple separated in August **2014**, then both adults will be expected to provide documentation of their income.

### **I have not filed my tax return. What documents should I provide?**

Please provide your last filed tax return and **2014** W-2 Forms. If you filed a Schedule C, E or F on the last filed tax return then you must provide gross and net business estimates in Section K. If you filed a Schedule C, E or F in the previous year's tax year, and do not plan on filing in the requested tax year, please state that in Section L. *Please Note: An IRS extension is required for all applications sent after April 1<sup>st</sup>. Not applicable for Bishop Heelan applicants.*

### **What is a net and gross business estimate?**

Gross business income is the total amount of sales for a tax year. Net business income is the total amount of sales for a tax year minus the operating cost (The net business income is essentially the profit from the business, rental property or farm).

### **What is a Schedule C, E and F?**

- A Schedule C refers to **business income** or loss.
- A Schedule E refers to **rental property**, royalties, partnerships, S corporations, trusts, etc.
- A Schedule F refers to **farm income** or loss.

### **I have children in pre-school and/or college who are not applying for aid. Should I put them on the application? If so, why does it matter?**

Please list all dependent children residing in your home who attend a tuition charging school/program. PSAS factors in the amount of children the household has in tuition charging schools.

### **I live with a significant other who is not responsible for my child's tuition. Should I include their information?**

Financial aid considerations are based on total household income. In an effort to maintain consistency PSAS considers all members of the household who are contributing to household living expenses even if they are not legally responsible for tuition.

### **Why should I provide an email address?**

E-mail is used to set up your personal PSAS account, correspond with PSAS and track your application online at [www.my.psas.org](http://www.my.psas.org). The email address provided is only used by PSAS and the school(s) or agencies contracting with PSAS and will not be provided to any other entity.

**For more frequently ask questions please visit [www.psas.org](http://www.psas.org).  
If your inquiry does not match any of the listed FAQ's please email PSAS at [info@psas.org](mailto:info@psas.org) or call (440) 892-4272.**