

2016-2017 Financial Aid Application

1 Application Instructions

- You must include copies of pages 1 and 2 of your 2015 federal income tax return (Form 1040, 1040A, or 1040EZ) with this application. If you were not required to file a tax return for 2015, you must sign the nonfiler affidavit in Section 8 and submit all Forms W-2 or 1099 received by members of your household.
- Submit this application directly to your school's business or financial aid office by April 15, 2016. Only applications received by that date will be considered for funding by the STO of Southeast Iowa. Late applications will be processed only for purposes of determining your qualification for other financial aid.
- Your financial need is determined by reference to your household's size and income. The term "household" refers to all individuals who live in the same dwelling place, regardless of age, legal relationship, or dependency status. Your household may include different people than those in your family.

2 Household Members

- Starting with yourself, list the name and birth date of every person who lived in your home on December 31, 2015.
- Include everyone who lived with you, regardless of relationship, even children in college and those not in school.
- For each student (including those in college), enter their 2016-2017 school name and grade level.

	Full Name (First/Middle/Last)	Relationship to Applicant	Birth Date	For Students Only		For Office Use	
				School Name	Grade	Tuition	Award
01		<i>Applicant</i>					
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

3 Household Address

- Enter the complete street address of your primary place of residence (your home) as of December 31, 2015.
- Include your apartment number, unit number, or lot number if applicable.
- Do not enter a post office box or the address of any property other than your primary residence.

Street	City	State	Zip Code

4 Contact Information

- Your contact information is needed to help us resolve any errors or omissions on this application.
- Provide all phone numbers (including area code) at which you may be reached for additional information.
- Provide your primary email address. In the event we can't reach you by phone, we will send you an email.

Work Phone	Home Phone	Cell Phone	Email Address

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5 Unreported Income

- Report below any income that your household received in 2015 which is not included on a submitted tax return.
- All household income, whether taxable or nontaxable and regardless of source, must be disclosed.
- Enter monthly or yearly amounts, whichever you prefer. If none, enter a zero; do not leave an item blank.

Type of Income	Monthly	Yearly	Type of Income	Monthly	Yearly
Child Support Received for All Children	\$	\$	Supplemental Security Income (SSI, SSD)	\$	\$
Housing Assistance (HUD, Section 8)	\$	\$	Veterans Benefits and Combat Pay	\$	\$
Public Assistance (Food Stamps, Welfare)	\$	\$	Workers Comp and Disability Benefits	\$	\$
Social Security Benefits of Dependents	\$	\$	All Other Unreported Household Income	\$	\$

6 Affordable Tuition

- Enter the total amount of tuition that your household can afford to pay.
- This should be the total amount you can pay for all students in grades K-12.
- Enter a monthly or yearly amount, whichever you prefer. Do not leave blank.

Monthly	Yearly
\$	\$

7 Additional Information

- Use this section to explain any unusual circumstances that may affect your household's financial situation.
- You may also use this section to explain or expand upon any entries made elsewhere on this application.
- This information will not be used for STO purposes; your school may use it in considering other financial aid.

Additional Information

8 Nonfiler Affidavit

- **Skip** this section if anyone in your household was required to file a federal income tax return for 2015.
- If no one in your household was required to file a tax return for 2015, you **must** sign the following affidavit.
- If you sign below, you **must** include all Forms W-2 and 1099 received by members of your household for 2015.

I hereby certify that, to the best of my knowledge, no member of my household earned enough taxable income to be required to file a federal individual income tax return for the year 2015.

Applicant Signature	Date
X	

9 Applicant Certification

- All applicants **must** sign this section.
- Before signing, verify that **all** sections of this application have been completed in accordance with the instructions.
- Verify that **all** members of your household have been listed and that **all** income received has been disclosed.

I hereby certify that: (a) this application is true, correct, and complete; (b) I have submitted true copies of all tax returns filed by members of my household; and (c) I have disclosed all household income received.

Applicant Signature	Date
X	