

JDBY-YTT FINANCIAL AID APPLICATION FOR 2018-19 SCHOOL YEAR

SECTION 3: INCOME

2017 INCOME

	Father	Mother
Occupation:		
Employer:		

Please select one of the choices below:

Please select one of the choices below:

Full-Time	Not employed	Full-time family care	Student	Kollel	Full-Time	Not employed	Full-time family care	Student
Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled		Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled
Type	Amount		Comments/Source		Amount	Comments/Source		
Gross Income								
401k, IRA, etc. (D)								
FSA, Cafeteria (E)								
Health Benefit (DD)								
Parsonage								
Fellowship								
Tutoring								
Business Income								
Family Assistance								
Other Income*								
Other Income*								
Other Income*								

*Itemize any other source of income not included on your tax return.

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SECTION 3: INCOME (CONTINUED)

ANTICIPATED 2018 INCOME

	Father	Mother
Occupation:		
Employer:		

Please select one of the choices below:

Please select one of the choices below:

Full-Time	Not employed	Full-time family care	Student	Kollel	Full-Time	Not employed	Full-time family care	Student
Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled		Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled
Gross Income								
401k, IRA, etc. (D)								
FSA, Cafeteria (E)								
Health Benefit (DD)								
Parsonage								
Fellowship								
Tutoring								
Business Income								
Family Assistance								
Other Income*								
Other Income*								
Other Income*								

*Itemize any source of income not anticipated to be included on your tax return.

Please explain any significant difference (higher or lower) between 2017 and projected 2018 income:

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SECTION 4: TAX INFORMATION

What is the most recent year for which you've filed a tax return?	
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Please provide a complete copy of the most recent federal tax return, including all schedules, W-2's, 1099's, K-1's, and business return, if applicable. **All scholarships grants are pending receipt of the complete 2017 federal tax return.** If you have not yet filed, please provide all W-2's; 1099's; K-1's etc. for 2017. The committee will provide a temporary assessment.

SECTION 5: EXPENSES

Do you rent or own your primary residence?	
If you own your home, the amount you currently owe:	\$
Total monthly rent, mortgage and/or home equity loan payment (including principal, interest, taxes, and home insurance):	\$

List all other properties that you own:

Total credit card debt. (Do not include balances that are paid in full each month):	
Cost of college tuition for either parent currently attending college:	\$
Monthly student loan payments - please explain details:	\$
Other monthly loan payments:	\$
Monthly child support and/or alimony:	\$
Charitable contributions per year:	\$
Annual eldercare (please detail):	\$
Monthly medical insurance premiums:	\$
Amount paid by employer:	\$
Amount paid by employee:	\$
Additional estimated annual out of pocket medical costs (co-pays; deductible):	\$
Other expenses (e.g. supporting children in Kolllel):	\$
Other expenses :	\$
Other expenses:	\$

SECTION 6: OTHER ASSETS

Value of cash, savings, and/or checking accounts:	
Value of stock, bond investments, mutual funds and/or certificates of deposit:	\$
Value of retirement plan assets (401(k); 403(B); pensions and/or IRA's):	\$

Is there any other information the Tuition Committee should take into consideration?