

CRISTO REY NETWORK SCHOOLS FINANCIAL INFORMATION FORM 2014-2015

Cristo Rey St. Martin Waukegan, IL School Code: 4696 (SCHL) PSAS: 0527 P-R-Y-B (9-12)

_3_106NF_SCHL_4696

This form must be returned to the Admissions Office by: _

0	If you filed taxes in 2012, please attach a copy of your 1040 Tax Return	n, including all Schedules, and all 2012 W-2 Forms (1099 Forms, and 1098 Forms
	applicable).	

O If you received any non-taxable income (Food Stamps, SSI, TANF, etc.) please attach a copy of your 2012 YEAR-END (or most recent) statements.

ISTODIAL PARENT INFORM	ATION (I)	IMPORTANT: Print clearly and neatly with a blue or black ball point pen			
ast Name:	,,	First Name:	Middle Name:		
ge:	Social Security	/ Number:			
ailing Address:				Apartment Number:	
ity:			State:	Zip Code:	
ome Phone:	W	/ork Phone:			
Cell Phone:	E-	-Mail Address:			
Current Marital Status O Single O Divorced	O Father O Mother	Legal GuardianGrandparent	O Full-Time O Part-Time	O Unemployed O Disabled	
O Married O Separated O Widowed USTODIAL PARENT (II) OR C	O Stepfather O Stepmother	r O Foster Parent er O Other:	O Stay at Hor	ne O Retired	
	O Stepmoth	r O Foster Parent er O Other:	O Stay at Hor	ne	
JSTODIAL PARENT (II) OR C	O Stepmoth	HOUSEHOLD INFORMAT	O Stay at Hor O Self-Employ	ne	
JSTODIAL PARENT (II) OR Coast Name:	O Stepmoth	First Name: Indicate the control of	Stay at Hor Self-Employ FION Middle Best Contact Number:	Name: loyment Status Unemployed Disabled Disabled Retired	
Current Marital Status Single Married Widowed CUDENT INFORMATION	Social Security Num Rel O Father O Mother O Stepfather	HOUSEHOLD INFORMAT First Name: Aber: Legal Guardian Grandparent Foster Parent O Cher:	Stay at Hor Self-Employ FION Middle Best Contact Number: Emp Full-Time Part-Time Stay at Hon Self-Employ	Retired yed O Student Name: Iloyment Status O Unemployed O Disabled ne O Retired yed O Student	
Ge: Current Marital Status Single Married Marital Separated Widowed	Social Security Num Rel O Father O Mother O Stepfather	First Name: Indicate the control of	Stay at Hor Self-Employ FION Middle Best Contact Number: Emp Full-Time Part-Time Stay at Hon	Retired yed O Student Name: Iloyment Status O Unemployed O Disabled ne O Retired yed O Student	
Ge: Current Marital Status Single Married Widowed CUDENT INFORMATION ast Name:	Social Security Num Rel O Father O Mother O Stepfather	HOUSEHOLD INFORMAT First Name: Legal Guardian Grandparent Foster Parent O Other: Diber: First Name:	Stay at Hor Self-Employ FION Middle Best Contact Number: Emp Full-Time Part-Time Stay at Hon Self-Employ	Name: O Retired O Student	
Current Marital Status Single Married Widowed CUDENT INFORMATION	Social Security Num Rel O Father O Mother O Stepfather O Stepmothe Social Security Num	HOUSEHOLD INFORMAT First Name: Legal Guardian Grandparent Foster Parent O Other: Diber: First Name:	Stay at Hor Self-Employ FION Middle Best Contact Number: Emp O Full-Time O Part-Time O Stay at Hon O Self-Employ Middle Amount you feel you can	Name: Retired Student Name:	

INCOME INFORMATION		
Size of Household:		
Residing in your household during the 2014-1		Number of children: Others*:
*If Others , please explain relationship to Cust	odiai Parent.	
Do you file a federal income tax return?:	○ Yes, I file taxes ○ No, I do not file taxe	es
Do both custodial parents file taxes jointly?:	O Yes, we file taxes jointly O No, we file to	axes separately O One of the custodial parents does not file taxes.
		Actual 2012
Total number of exemptions claimed on Federal Incon	ne Tax form:	
2. Custodial Parent (I) total taxable income from W-2 wa	ges. (Total income for Parent I only)	\$
3. Custodial Parent (II) total taxable income from W-2 wa	ages. (Total income for Parent II only)	\$
 Net business income* from self-employment, farm, refrom your IRS 1040) See 2012 1040 lines 12, 17, an 		, and/or F \$
5. Other non-work taxable income from interest, dividend		ne. \$
See 2012 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19- 6. Allowable "Adjustments to Income" as reported on you		\$ e 36 or 1040A line 20
7. Total "Adjusted Gross Income" as reported on your IR		\$
8. Total Tax Paid as reported on your IRS 1040, 1040A,	or 1040EZ. See 2012 1040 line 60 or 1040A line 3	7 \$
Medical/Dental expenses as reported on Schedule A,	line 1 of your IRS 1040 form.	\$
		SUANCE OF INCOME
NON-TAXABLE INCOME INFORMAT		CHANGE OF INCOME
List the total amount received from 1/1/12-12/31/12 DO NOT list monthly am	ounts.	Do you anticipate a decrease in your 2013 household income?:
10. Child Support	\$ per year	O Yes O No
11. Cash Assistance	\$ per year*	If Yes, complete the following:
12. Food Stamps	\$ per year*	Custodial Parent (I) - Anticipated Income for 2013:
a. Medicaid received in 2012? Yes	No	\$
13. Social Security income (SSA.SSD, etc.)	\$ per year*	Custodial Parent (II) or Other Adult - Anticipated Income
a. Social Security income (SSI ONLY) \$	per year*	for 2013 :
14. Student loans and/or grants received for PARENT's education \$ (Not college attending dependents)	per year*	\$
a. Total student loans used for household expen	ses \$ per year*	EXPENSES
in 2012 15. Housing Assistance (Sec. 8, HUD, etc.)	\$ per year*	EXPENSES 20. Do you rent or own you residence?
a. Religious Housing Assistance \$ (parsonage, manse, etc.)	per year*	O Rent O Own
 Other non-taxable income (Workers' Comp., Disabi Pension, etc.) 	per year*	21. What is the monthly rental/mortgage payment?
17. Loans/Gifts from friends or relatives	\$ per year	\$ per month
 Personal Savings/Investment Accounts used for hou expenses 	sehold \$ per year	22. If your child is attending a Catholic or private school,
19. Total non-taxable income for 2012 - OFFICE USE O	NLY \$ per year	what is the current monthly tuition payment?
*You must provide 2012 YEAR-END documentation for appropriate Public Agency, or your most recent docume	items 11-16; either a YEAR-END Statement from the ntation showing monthly totals for 2012.	per month
☐ An electronic recap of this written application	is available for an additional \$5 fee. You mu	ust have an email address listed in section A in order to receive the figure of the first force of the section A in order to receive the section of the sect
Checkout	Electronic Recap Fee (optional)	,
	lease make checks payable to PSAS	Total
		v/our knowledge. I/We authorize PRIVATE SCHOOL AID SERVICE to
return this form and all attachments only to the so	chools and agencies named in Section C under	

th/Guardian A _______ Parent/Guardian B ______
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. You will not receive results from PSAS.

No other agency will see or receive any information about this application or its attachments. Copyright © 2013 Private School Aid Service

ADDITIONAL STUDENTS ATTENDING A CRISTO REY OR TUITION CHARGING SCHOOL

Last Name:		First Name:	Middle Nar	me:
Date of Birth:	Social Security Number:		Amount you feel you can pay	v towards tuition
Date of Birth.	Social Security Number.		\$	O per year O per month
School planning to attend in the fall of 2	2014		Grade Entering	OFFICE USE ONLY:
City:			State:	
Last Name:		First Name:	Middle Nar	me:
Date of Birth:	Social Security Number:		Amount you feel you can pay	v towards tuition
Date of birtii.	Social Security Number.		\$	O per year O per month
School planning to attend in the fall of 2	2014		Grade Entering	OFFICE USE ONLY:
City:			State:	
Last Name:		First Name:	Middle Nar	me:
Last Name:		First Name:		
Last Name: Date of Birth:	Social Security Number:	First Name:	Amount you feel you can pay	y towards tuition
Date of Birth:		First Name:	Amount you feel you can pay	y towards tuition O per year O per month
		First Name:	Amount you feel you can pay	y towards tuition
Date of Birth:		First Name:	Amount you feel you can pay	y towards tuition O per year O per month
Date of Birth: School planning to attend in the fall of 2		First Name:	Amount you feel you can pay \$ Grade Entering	y towards tuition O per year O per month
Date of Birth: School planning to attend in the fall of 2		First Name:	Amount you feel you can pay \$ Grade Entering	y towards tuition O per year O per month
Date of Birth: School planning to attend in the fall of 2		First Name:	Amount you feel you can pay \$ Grade Entering State:	y towards tuition O per year O per month OFFICE USE ONLY:
Date of Birth: School planning to attend in the fall of 2		First Name:	Amount you feel you can pay \$ Grade Entering	y towards tuition O per year O per month OFFICE USE ONLY:
Date of Birth: School planning to attend in the fall of 2 City: Last Name:	2014		Amount you feel you can pay \$ Grade Entering State:	y towards tuition O per year O per month OFFICE USE ONLY:
Date of Birth: School planning to attend in the fall of 2 City:			Amount you feel you can pay \$ Grade Entering State:	y towards tuition O per year O per month OFFICE USE ONLY:
Date of Birth: School planning to attend in the fall of 2 City: Last Name:	Social Security Number:		Amount you feel you can pay \$ Grade Entering State: Middle Nar Amount you feel you can pay	y towards tuition O per year O per month OFFICE USE ONLY: me:
Date of Birth: School planning to attend in the fall of 2 City: Last Name: Date of Birth:	Social Security Number:		Amount you feel you can pay \$ Grade Entering State: Middle Nar Amount you feel you can pay	y towards tuition O per year O per month OFFICE USE ONLY: me: y towards tuition O per year O per month