



# 2023-2024 Financial Aid Application

## 5 Unreported Income

- Report below any income that your household received in 2022 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	\$	\$

**Please Circle:**

Use current year for these questions.

**School Lunches:**      **REDUCED**      **FREE**      **Neither**

**Number of Parents working:**      **2**      **1**      **0**

**Did you get additional aid besides STO?**    **YES**    **NO**    **AMT: \$ \_\_\_\_\_**

## 6 Additional Information

- You may also use this section to explain or expand upon any entries made elsewhere on this application.
- You may also use this section to tell how the STO program has helped your family.


## 7 Nonfiler Affidavit

- If no one in your household was required to file a tax return for 2022, you must sign the following affidavit.
- Skip this section if anyone in your household was required to file a federal income tax return for 2022.
- If you sign below, you must include all Forms W-2 and 1099 received by members of your household for 2022.

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 2022.

Applicant Signature	Date
X	

## 8 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	

PLEASE ATTACH PAGE 1 OF YOUR 2022 FEDERAL 1040

**2023**

Number in Family	Poverty Guideline	400%
1	\$14,580	\$ 58,320
2	\$19,720	\$ 78,880
3	\$24,860	\$ 99,440
4	\$30,000	\$ 120,000
5	\$35,140	\$ 140,560
6	\$40,280	\$ 161,120
7	\$45,420	\$ 181,680
8	\$50,560	\$ 202,240
9	\$55,700	\$ 222,800
10	\$60,840	\$ 243,360
11	\$65,980	\$ 263,920
12	\$71,120	\$ 284,480