

Finance Evaluation Form

Student Information

Student Full Name: _____

Date of Birth: _____

Student ID (if applicable): _____

Dependent or Independent*: _____

Email: _____

Phone Number: _____

If you are Dependent:

Household Information

Number of people in household (including student): _____

Number of household members in college: _____

Parent Financial Information

Adjusted Gross Income (AGI): \$ _____

Untaxed Income (e.g., 401k contributions, Social Security):
\$ _____

Federal Tax Paid: \$ _____

State and Local Tax Estimate: \$ _____

Employment Expense Allowance (up to \$4,000 per working parent):
\$ _____

Parent Assets

Cash, Savings, and Checking Accounts: \$ _____

Investments (stocks, bonds, 529 plans for siblings): \$ _____

Retirement Accounts (Excluded): Not Applicable

Primary Residence Equity (Optional): \$ _____

Student Financial Information

Student Income (taxed and untaxed): \$ _____

Student-Owned Assets: \$ _____

Living Expenses

Monthly Housing Cost (Rent/Mortgage): _____

Monthly Utilities (include Internet & Phone): _____

Monthly Childcare Costs: _____

Monthly Transportation Costs: (loan payments, insurance, other): _____

Healthcare Costs: _____

Special Circumstances (if any)

Special Circumstances (elder care, disability, etc.) _____

Briefly describe:

Attach documentation: Yes No

Supporting Documents Checklist

AIC-Zakat Form

IRS 1040 Tax Return

W-2s / 1099s

Asset/Investment Statements

Business/Farm Income Documentation (if applicable)

Special Circumstances Docs (health/medical, disability, transportation, etc).

If you are Independent, check all that apply:

- 24 years or older
- Married
- Have legal dependents (e.g., children)
- Veteran or active duty
- Graduate/professional student
- Emancipated minor or in foster care
- Homeless or at risk of homelessness

Household Information

Number of people in household (including student): _____

Number of household members in college: _____

Your Financial Information

Adjusted Gross Income (AGI): \$ _____

Untaxed Income (e.g., 401k contributions, Social Security, disability, child support):
\$ _____

Federal Tax Paid: \$ _____

State and Local Tax Estimate: \$ _____

Employment Expense Allowance (up to \$4,000 per working parent):
\$ _____

Your Assets

Cash, Savings, and Checking Accounts: \$ _____

Investments (stocks, bonds, 529 plans for siblings): \$ _____

Retirement Accounts (Excluded): Not Applicable

Primary Residence Equity (Optional): \$ _____

Living Expenses

Monthly Housing Cost (Rent/Mortgage): _____

Monthly Utilities (include Internet & Phone): _____

Monthly Childcare Costs: _____

Monthly Transportation Costs: (loan payments, insurance, other): _____

Healthcare Costs: _____

Special Circumstances (if any)

Special Circumstances (elder care, disability, medical, etc.) _____

Briefly describe (can attach explanation to this form):

Supporting Documents Checklist

- AIC-Zakat Form
- IRS 1040 Tax Return
- W-2s / 1099s
- Asset/Investment Statements
- Business/Farm Income Documentation (if applicable)
- Special Circumstances Docs (health/medical, disability, transportation, etc).

Certification

I certify that the information provided in this form is accurate to the best of my knowledge. I understand that providing false information may disqualify me from receiving aid.

Signature: _____

Date: ____ / ____ / _____