

401 S. State Street • Chicago, IL 60605 • TEL: 312-935-6260 • FAX: 312-935-6201 • EMAIL: financialaid@robertmorris.edu

The information requested on this form is needed to process your application for financial aid for 2019-2020. Complete this form and return it to the address above within 30 days. All submitted information must include the student's RMU ID number.

Student's Name (Last, First, M.I.) _____

RMU ID Number (required) _____

Email Address _____

If you are:

- A Dependent Student: Provide information for yourself and your parents. **Complete both left and right columns.** IF the question does not apply to you please indicate a '0' in the space. There should be **NO** blank areas when you submit this form.
- An Independent Student: Provide information only for yourself (and your spouse if you have one). **Complete left column only.** IF the question does not apply to you please indicate a '0' in the space. There should be **NO** blank areas when you submit this form.

Student's/ Spouse's Information	Report the Following Income Exclusions from 2017	Parents' Information																				
\$	Child support you PAID because of divorce or superstition or as a result of a legal requirement. Don't include support for children listed in your (or your parents') household, as reported on the FAFSA. <ul style="list-style-type: none"> • List full name (s) of child(ren) being supported and amount paid for each child: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Name of Person Who Paid Child Support</th> <th style="background-color: #cccccc;">Name of Person to Whom Child Support was Paid</th> <th style="background-color: #cccccc;">Name of Child for Whom Support was Paid</th> <th style="background-color: #cccccc;">Annual Amount of Child Support Paid in 2015</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Annual Amount of Child Support Paid in 2015																	\$
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\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$																				
\$	Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes Americorps benefits (awards, living allowances, and interest accrual payments, as well as grant or scholarship portions of fellowships and assistantships.	\$																				
\$	Combat pay or special combat pay. Only enter the amount that is taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on W-2 (Box 12, Code Q)	\$																				
\$	Earnings from work under a cooperative education program offered by a college	\$																				

Student's/ Spouse's Information	Report the Following Untaxed Income from 2017	Parents' Information
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to amounts reported on the W-2 From in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
\$	Child support RECEIVED for any of your (or your parents') children. Don't Include foster care or adoption payments.	\$

Student's/ Spouse's Information	Report the following Untaxed Income for 2017	Parents' Information
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veteran's noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$ _____ \$ _____ \$ _____	Other untaxed income not reported above, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security Benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay (if your parents are not tax filers), benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. List source(s) of untaxed income and amount(s): _____ _____ _____	\$ _____ \$ _____ \$ _____
\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money you received from a parent whose financial information is NOT reported on this form and that is not part of a legal child support agreement.	\$

Government Benefits Received By Your Household	Do you Receive? (Circle YES or NO)
Supplemental Social Security (SSI) – <i>DO NOT INCLUDE survivor or Social Security retirement benefits</i> Name and age of recipients: _____ _____ _____	YES or NO
Food Stamps (SNAP – Supplemental Nutrition Assistance Program) in 2017 or 2018	YES or NO
Temporary Assistance for Needy Families (TANF)	YES or NO
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Name of recipient: _____	YES or NO
Free-or-Reduced Lunch in 2017 or 2018	YES or NO

Do **NOT** submit without **ALL** required signatures.

I (we) certify that the information provided on this form is correct and complete. I (we) also agree to contact the RMU Office of Financial Aid if the information provided requires changes.

STUDENT'S SIGNATURE DATE

PARENT'S SIGNATURE DATE

SPOUSE'S SIGNATURE (IF APPLICABLE) DATE