2014-2015 Parent Income & Resource Certification Form

Student Name: _______________________________  RSC Student ID#: ________________

The Office of Student Financial Aid and Scholarships has completed an initial review of your child’s 2014-2015 application for assistance. Before we may proceed with our review, additional information is necessary.

Complete all items and attach copies of requested documentation. Return the completed form, with documentation, to this office.

Did you and/or your spouse file a 2013 federal tax return?

____ YES  ____ NO

If yes, attach a copy of your 2013 IRS tax transcript.

During 2013, did you and/or your spouse have earned income not reported on the 2013 tax return?

____ YES  ____ NO

If yes, attach documentation for 2013.

Are you married?

____ YES  ____ NO

If yes, what is the date of the marriage?

Are you legally separated from your spouse?

____ YES  ____ NO

If yes, attach a copy of legal separation papers.

Are you divorced?

____ YES  ____ NO

If yes, what was the date of the divorce?  ATTACH A COPY OF THE DECREE.
Explain briefly how you lived in 2013 on the income reported on your application. Be sure to explain and document any unusual circumstances.

__________________________________________________________________________________

__________________________________________________________________________________

Please complete the following section to show where and with whom you lived from January 2013 to December 2013.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Address</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Are you currently employed?  
___YES  ___NO

If yes, where? _______________________ Beginning date of employment? ________

What is your gross (before taxes) monthly income from this job? ______________

Listed below are some common household expenses. Please explain the amount of this expense for you each month during 2013 and indicate how you met this expense. Be specific regarding the source of support to pay the expense. Please do not leave any item blank.

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Amount of Expense</th>
<th>How Expense Was Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
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<tr>
<td>Utilities</td>
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<tr>
<td>Food</td>
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<tr>
<td>Clothing</td>
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<td>Medical</td>
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<tr>
<td>Transportation</td>
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<tr>
<td>Personal/Misc</td>
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</tbody>
</table>

I certify the information reported on this form is accurate and complete. I understand I may be asked to verify all of the information reported on this form or on my child’s application.

Parent’s Signature: ___________________________________________ Date: __________

Current Address: _______________________________________________