

FAIR

Financial Aid Independent Review, Inc.

Financial Aid Application 2005-2006 School Year

PLACE SCHOOL NAME
LABEL HERE

APPLICATION DEADLINE: PLACE DEADLINE
LABEL HERE

PLEASE COMPLETE THIS APPLICATION* AND INCLUDE:

- 1) A **COMPLETE** copy of your 2004 Federal Tax Return with **ALL** applicable schedules, including copies of all 2004 W-2 and /or 1099 forms

-AND-

- 2) A check or money order in the amount of \$21.00 payable to **FAIR**

NOTE: This application **CANNOT** be processed without your tax return and payment.

Mail the application, copy of tax returns and payment
with proper postage to:

FAIR • P.O. Box 484 • Rosemount, MN 55068

*You may also be able to apply online at: www.fairapp.com.
Check with your school for your school code and password.

PART III: Family Income

2004

2005 (estimated)

Wages, Tips, etc. <small>(Line 7 of 1040 or line 7 of 1040A)</small>	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Business Income from Self Employment (*Also complete Part IV below) <small>Including farms, rental property, and other businesses (S-Corps or Partnerships)</small>	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Interest and Dividends <small>(Lines 8a and 9a from 1040 and 1040A)</small>	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Unemployment and/or Worker's Compensation Received	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Social Security and/or Pensions Received <small>(Lines 16a and 20a of Form 1040 or Lines 12a and 14a of Form 1040A)</small>	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Child Support Received	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Alimony Received	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Aid to Families with Dependent Children (AFDC) Received	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Food Stamps Received	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Other Monthly Non-Taxable Income Received	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>

PART IV: Business Income from Self Employment

* If you are self-employed, own a farm or rental property, or have other business income, you MUST complete this section.

2004

2005 (estimated)

Gross Income	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Net Profit	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Your Annual Salary	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>
Total Personal Expenses Paid By Business <small>(e.g. Mortgage, Vehicles, Insurance, etc.)</small>	\$	<input type="text"/>	,	<input type="text"/>	\$	<input type="text"/>	,	<input type="text"/>

PART V: Family Assets/Debt

Cash on Hand <small>(Checking, Savings)</small>	\$	<input type="text"/>	,	<input type="text"/>
Stocks, Bonds, Investments <small>(Do NOT include retirement accounts such as 401Ks or IRAs)</small>	\$	<input type="text"/>	,	<input type="text"/>
If You Own Your Home: Current Market Value	\$	<input type="text"/>	,	<input type="text"/>
Mortgage Balance <small>(Include any second mortgage and home equity loan balances)</small>	\$	<input type="text"/>	,	<input type="text"/>
Value of Any Other Property <small>Please check: <input type="checkbox"/> Cars <input type="checkbox"/> Second Homes <input type="checkbox"/> Rental Property <input type="checkbox"/> Other _____</small>	\$	<input type="text"/>	,	<input type="text"/>
Amount Still Owed on These Properties	\$	<input type="text"/>	,	<input type="text"/>
Number of Vehicles (owned or leased) <small>Please complete Vehicle Information at right*</small>				<input type="text"/>
Monthly Vehicle Payments	\$	<input type="text"/>	,	<input type="text"/>
Total Annual Vehicle Insurance <small>(Amount paid for vehicle insurance for the entire year on ALL owned and leased vehicles)</small>	\$	<input type="text"/>	,	<input type="text"/>
Credit Card Debt <small>(Enter the total balance owed on ALL credit cards)</small>	\$	<input type="text"/>	,	<input type="text"/>
Monthly Credit Card Payments	\$	<input type="text"/>	,	<input type="text"/>
Student Loans <small>(Do not include any loans that are currently being deferred)</small>	\$	<input type="text"/>	,	<input type="text"/>
Other Debt (Please describe _____)	\$	<input type="text"/>	,	<input type="text"/>

***Vehicle Information**

<u>Vehicle 1</u>	
Make/Model _____	Year _____
Loan Balance _____	
<u>Vehicle 2</u>	
Make/Model _____	Year _____
Loan Balance _____	
<u>Vehicle 3</u>	
Make/Model _____	Year _____
Loan Balance _____	
<u>Vehicle 4</u>	
Make/Model _____	Year _____
Loan Balance _____	

