

NAME: \_\_\_\_\_ FIDN # \_\_\_\_\_  
 (PRINT) Last First

**FORDHAM UNIVERSITY  
 SUPPLEMENTAL APPLICATION FOR FINANCIAL AID**

ACADEMIC YEAR 2019-2020 (FOR UNDERGRADUATES ENROLLED DURING 2019-2020)

**1. PARENTS' AND STUDENT'S 2017 TAXABLE INCOME AND EXPENSES:**

**Breakdown of 2017 Adjusted Gross Income (AGI)**

**Parent(s) Student**

- |   |   |              |          |
|---|---|--------------|----------|
| <b>This Section for Tax Filers Only</b> | a. Wages (IRS Form 1040 - line 7, or 1040A- line 7, or 1040EZ - line 1)   | 1a. \$ _____ | \$ _____ |
|   | b. Interest income (IRS Form 1040 - line 8a, or 1040A- line 8a, or 1040EZ - line 2)   | b. \$ _____  | \$ _____ |
|   | c. Dividend income (IRS Form 1040 - line 9a, or 1040A - line 9a)  | c. \$ _____  | \$ _____ |
|   | d. Net Income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc. (IRS Form 1040 lines 12, 17 and 18). Enter the amount of losses in parenthesis.  | d. \$ _____  | \$ _____ |
|   | e. Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, etc. (((IRS Form 1040 - lines 10, 11, 13, 14, 15b, 16b, 19, 20b, 21) or (1040A - lines 10, 11b, 12b, 13, 14b and 15) or (1040 EZ - line 3))). | e. \$ _____  | \$ _____ |
|   | f. Adjustments to income (IRS form 1040 - line 36, or 1040A - line 20)  | f. \$ _____  | \$ _____ |

**2. UNCOVERED EXPENSES/ITEMIZED DEDUCTIONS:**

- |  |              |          |
|--|--------------|----------|
| a. Any 2017 medical and dental expenses not covered by insurance.                                | 2a. \$ _____ | \$ _____ |
| b. If you itemized deductions on IRS Form 1040, list the amount reported on Schedule A - line 4. | b. \$ _____  | \$ _____ |

**3. TUITION FOR DEPENDENT CHILDREN:**

**2017 total elementary, junior high school, and/or high school tuition paid for dependents:**

- |   |              |          |
|---|--------------|----------|
| a. Amount paid (do not include tuition paid for the applicant). | 3a. \$ _____ | \$ _____ |
| b. Number of children (do not include the applicant)            | b. \$ _____  | \$ _____ |

**4. HOUSEHOLD INFORMATION:**

Provide, in the space below, the required information for all family members, **excluding yourself**. If there are more than seven members in your family, begin with dependent student's who will be attending college, at least half-time.

**Definition of DEPENDENT STUDENT:** Those, in your household, that will be *supported* by your parents between July 1, 2019 and June 30, 2020. Include your parent's other children if they receive more than half of their support from your parent's, or if they are required to provide parental information from your parent when applying for Title IV Federal student aid in 2019 - 2020\*. Include other people only if they now live with and get more than half their *support* from your parents, and will continue to get this support between July 1, 2019 and June 30, 2020.

**MEMBERS OF HOUSEHOLD INFORMATION**

Last/First Name (include parents/siblings living in household)	Age	Select code* * from below	2019-20 School Year		2018-19 School Year				
			Matriculated at least one term check one		Name of School/ College	Name of School/ College	Year in School	Total Financial Aid	Parent's Contribution
			Full-time	Part-time					
Student					Fordham				

**Relationship Codes:** 1 = Student's parent    2 = Students step-parent    3 = Student's brother/sister or step-brother/sister  
 4 = Student's spouse    5 = Student's son/daughter    6= Student's grandparent    7 = Other

**SUPPLEMENTAL APPLICATION FOR FINANCIAL AID (con't.)**  
**Academic Year 2019-2020**

<b>PARENT'S ASSETS</b>	<b>STUDENT'S/SPOUSE'S ASSETS</b>																																				
<p style="text-align: center;"><b>Not Applicable</b></p> <p>5. Parents' monthly mortgage payment \$ _____ <input type="checkbox"/> N/A            Parents' monthly rental payment \$ _____ <input type="checkbox"/> N/A</p> <p>6. If Parents' own their home provide:            a. year purchased _____            b. Purchase price \$ _____ (Renters write in "0")</p> <p>7. Property/Home Value \$ _____ Debt \$ _____</p> <p>8. Other real estate Value \$ _____ Debt \$ _____</p> <p>9. Business Value \$ _____ Debt \$ _____</p> <p><b>INVESTMENTS:</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%; text-align: center;"><u>VALUE</u></th> <th style="width:15%; text-align: center;"><u>DEBT</u></th> </tr> </thead> <tbody> <tr><td>Trust Funds</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Stocks, Bonds, Mutual Funds</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Money Market Funds</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Certificates of Deposit</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> </tbody> </table> <p><b>TOTALS (ENTER ON LINE 10)</b> \$ _____ \$ _____</p> <p><b>10. TOTAL INVESTMENTS</b> \$ _____</p>		<u>VALUE</u>	<u>DEBT</u>	Trust Funds	\$ _____	\$ _____	Stocks, Bonds, Mutual Funds	\$ _____	\$ _____	Money Market Funds	\$ _____	\$ _____	Certificates of Deposit	\$ _____	\$ _____	Other	\$ _____	\$ _____	<p style="text-align: center;"><b>Not Applicable</b></p> <p>11. Students monthly mortgage payment \$ _____ <input type="checkbox"/> N/A            Students monthly rental payment \$ _____ <input type="checkbox"/> N/A</p> <p>12. If Student owns the home provide:            a. year purchased _____            b. Purchase price \$ _____ (Renters write in "0")</p> <p>13. Property/Home Value \$ _____ Debt \$ _____</p> <p>14. Other real estate Value \$ _____ Debt \$ _____</p> <p>15. Business Value \$ _____ Debt \$ _____</p> <p><b>INVESTMENTS:</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%; text-align: center;"><u>VALUE</u></th> <th style="width:15%; text-align: center;"><u>DEBT</u></th> </tr> </thead> <tbody> <tr><td>Trust Funds</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Stocks, Bonds, Mutual Funds</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Money Market Funds</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Certificates of Deposit</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr> </tbody> </table> <p><b>TOTALS (ENTER ON LINE 16)</b> \$ _____ \$ _____</p> <p><b>16. TOTAL INVESTMENTS</b> \$ _____</p>		<u>VALUE</u>	<u>DEBT</u>	Trust Funds	\$ _____	\$ _____	Stocks, Bonds, Mutual Funds	\$ _____	\$ _____	Money Market Funds	\$ _____	\$ _____	Certificates of Deposit	\$ _____	\$ _____	Other	\$ _____	\$ _____
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**PARENT'S OTHER 2017 UNTAXED INCOME AND BENEFITS**

17. Provide the following information pertaining to any 2017 untaxed income and benefits:
- A. Deductible IRA and/or KEOGH payments from Form 1040 - the total of lines 28 & 32, or 1040A-line 17. \$ \_\_\_\_\_
  - B. Total of payments made to tax-deferred (pre-taxed, payroll deducted contributions) pension, savings, untaxed portions of any 401(k) and 403b plans (amounts in box 12 on your W2 Form, codes D-H, S). \$ \_\_\_\_\_
  - C. Housing, food, cash payments, cash value of benefits, and other living allowances (EXCLUDING rent subsidies for low-income housing) paid to clergy, and others. \$ \_\_\_\_\_
  - D. Total of tax-exempt interest income from Form 1040 - line 8b, or 1040A line 8b. \$ \_\_\_\_\_
  - E. Untaxed portions of pensions from Form 1040 - line 15a minus 15b, line 16a minus 16b, line 25, line 28, and line 32 or 1040A - line 11a minus 11b, line 12a minus 12b, and line 17 (EXCLUDING roll-overs). \$ \_\_\_\_\_
  - F. Child support you received for any of your children. \$ \_\_\_\_\_
  - G. Untaxed portions of Health Savings Accounts from Form 1040 line 25 \$ \_\_\_\_\_
  - H. Other \$ \_\_\_\_\_

**18. SIGNATURE(S)**

Student	Date	Student's Spouse (if applicable)	Date
Parent/Stepparent/Guardian Name (Print)	Date	Parent/Stepparent/Guardian Name (Signature)	
Parent/Stepparent/Guardian Name (Print)	Date	Parent/Stepparent/Guardian Name (Signature)	