

SAMPLE

Hochstein School of Music & Dance

2014-2015 Application for Tuition Assistance

Please complete this application and attach **all** of the following that apply to your household:

- a copy of your 2013 Federal tax return (**entire return**), including a copy of the Schedule C (self-employment), Schedules E or F (rental, partnership, corporation, trust, or farm income).
- a current pay stub
- verification of public assistance (such as DSS, SSI, SSD) and/or Unemployment Benefits
- full-time students must include a copy of their tuition statement and award/stipend letter
- verification of all other household income

Name of Applicant (adult) Jane Doe **HAS TO BE THE LEGAL GUARDIAN** | Date 9/30/14

Address 123 ABC Street City Rochester State NY Zip 14611

Phone (home) 585-535-1234 (work) 585-535-4321 (cell) 585-705-1234

Occupation clerk Employer's Name Wegman's

Circle one: Full time employment or Part time employment E-mail address Janedoe@gmail.com

Marital Status Single Number in household 4 **This includes everyone living in the same house: You, your spouse children, grandparents, aunts, uncles, roommates.**

Spouse Name divorced (please indicate NA if not applicable)

Spouse Occupation _____ Employer's Name _____

Phone (work) _____ Circle one: Full time employment or Part time employment

List names and ages of all dependents: Jim Doe 10
Tina Doe 13 **As claimed on your taxes or public assistance!**



Please complete the following information for each student registering for lessons and/or classes

For Office Use Only:

Student's Name	Date of Birth	Lesson and/or Class	For Office Use Only:					
			C P N	Full Fee	HMS Fee	Tuition %	TA Fee	Last Year's Fee
Jim Doe	4/10/04	Youth Singers						
Tina Doe	7/13/01	Flute Lessons						

(over)

Household Income

Please include all taxable and non-taxable sources of income

This includes everyone living in the same house that has income of any kind. You, your spouse, **YEARLY** grandparents, aunts, uncles, roommates.

	Family Member	Annual Net Amt.
Pay Stub Net Income (after taxes only – no other deductions)	Jane	\$ 6,500
Pay Stub Net Income (after taxes only – no other deductions)		\$
Business Income (self-employment)		\$
Rental, Royalties, Partnerships, Corporations, Trusts, Farm Income		\$
Retirement		
Social Security		\$
Pensions		\$
Annuities		\$
Unemployment Benefits		\$
Alimony		\$
Child Support EX-HUSBAND	John Doe	\$ 2,400
College Scholarships, Awards, Stipends		\$
Tips		\$
Interest Income		\$
Public Assistance		
SSI (Disability) GRANDMOTHER	Sheila Jobs	\$ 4028
SSD		\$
DSS – cash grant		\$
Food Stamps	Jane	\$ 3588
Rent Subsidy	Jane	\$ 9852
Utility Subsidy		\$
Federal Tax Refund		\$ 500
Other Income		\$

Expenses

	Type	Monthly Payments	Total Amount
Rent	NA	\$ 225	\$ 2,700
Mortgage	NA	\$	\$
Food	NA	\$ 800	\$ 9,600
Utilities		\$ 600	\$ 7,200
Phone/Internet		\$ 150	\$ 1,800
Debt (over \$5,000)		\$	\$
Medical Expenses		\$	\$
Educational Expenses		\$	\$
Day Care		\$	\$
Child Support/Alimony		\$	\$
Car Payment		\$ 199	\$ 2388
Insurance		\$ 75	\$ 900
Other		\$	\$
	Total	\$ 2,049	\$ 24,588

For Office Use Only

Average Annual Net Household Income	Sliding Scale Category
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WHAT DOES HOCHSTEIN MEAN BY PAYSTUB ANNUAL NET INCOME?

LOOK AT YOUR PAYSTUB AND FIND GROSS EARNINGS.
 DEDUCT ONLY WITHHOLDING TAXES: FEDERAL, SOCIAL SECURITY, MEDICARE,
 STATE & DISABILITY. **DO NOT DEDUCT HEALTH, DENTAL, PENSION, PARKING ETC.**
 EXAMPLE:

GROSS EARNINGS	\$ 320.45
WITHHOLDING TAXES	\$-63.36
One week net income	\$257.09
Multiply by 52 pay periods=	
TOTAL ANNUAL PAYSTUB NET INCOME	\$13,368.68

If you get paid every other week, multiply by 26 weeks.

PAY STUB SAMPLE

Earnings Statement



Period Beginning: 09/25/2014
 Period Ending: 10/01/2014
 Pay Date: 10/03/2014

0000000008

ROSEMARY OLMEIDA
LOWEGER ST
ROCHESTER NY 14605

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 NY: 0

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular	13.0000	24.65	320.45	
Gross Pay			\$320.45	16,268.22
Deductions	Statutory			
Federal Income Tax			31.35	1,745.04
Social Security Tax			19.87	1,008.63
Medicare Tax			4.65	235.89
NY State Income Tax			6.89	439.10
NY SUI/SDI Tax			0.60	24.60
Other Deductions			63.36	
Simple Ira			10.00*	400.00
Net Pay			\$247.09	
Checkings 2			247.09	
Net Check			\$0.00	

Other Benefits and Information

Ira Er this period total to date

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 585-235-3943

Don't Deduct

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$310.45

VERIFICATION OF PUBLIC ASSISTANCE FORMS

XL0218 (09/97)

NOTICE NUMBER : [REDACTED]

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MONROE COUNTY DSS
111 WESTFALL ROAD
ROCHESTER, NY 14620

NOTICE OF DECISION ON YOUR SUPPLEMENTAL NUTRITION ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

MONROE COUNTY DHS
CARE MANAGEMENT TASK GROUP
691 ST PAUL STREET, 5TH FLOOR
ROCHESTER, NY 14605

NOTICE OF DECISION ON YOUR PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE AND MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

*Public
Assistance*



NEW YORK STATE
DEPARTMENT OF LABOR
PO BOX 15130
ALBANY NY 12212-5130

UNEMPLOYMENT INSURANCE Monetary Benefit Determination

Date Mailed:	07/08/13
Social Security #:	[REDACTED]
Claim Effective / Start Date:	07/01/13
Benefit Year Ending Date:	07/06/14
Weekly Benefit Rate:	\$405.00

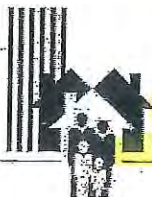
Social Security Administration Retirement, Survivors and Disability Insurance Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500

4001V5SUF00193-NOTAF-P

Social Security Administration Supplemental Security Income Notice of Planned Action

SOCIAL SECURITY
100 CHESTNUT ST
SUITE 1400
ROCHESTER NY 14604



ROCHESTER
Housing Authority

Leasing Operations
675 West Main St
Rochester NY 14611
(585) 697-6105
Fax (585) 697-6104

IN-06080270-NYNT0000