

Financial Aid Form

DePaul Cristo Rey is for students who desire a college preparatory, Catholic education but could not otherwise afford one.

Students earn their way to success by working five days a month at one of our Corporate Work Study Partners and every family receives financial assistance. Tuition is decided on a case by case basis after each family has completed the attached DPCR Financial Aid Form and submitted your 2018 or most recent completed tax return.

After you have submitted the completed form, then:

- DePaul Cristo Rey's business manager will review it and your tax return to determine financial eligibility and your tuition amount.
- You will receive a letter with your admissions decision and a Family Financial Contribution form.

All families are required to complete this Financial Aid Form, even if you already have the EdChoice Scholarship.

If you need assistance completing this form, please ask!
Our admission staff members are happy to help.



Yasmeen Khan

Director of Admissions

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Ed Thornton

Admissions/Financial Aid Coordinator

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De Paul Cristo Rey High School (DPCR) - Student NMTC Income Certification

Date of Certification: _____ **For office use ONLY**

| | |
|--|--|
| Name of Applicant: Applicant is head of household (such as parent or guardian): | |
|--|--|

PART 1. HOUSEHOLD COMPOSITION

In the table below, list all members of the Applicant's household starting with the Applicant. A person should be listed in the table below if the Applicant provides support to that person or that person provides support to the Applicant (even if that person does not reside with the Applicant). If there are more than 6 members in the household, use an additional sheet of paper to list the remaining household members and attach it to this end of this certification.

| PART 1. HOUSEHOLD COMPOSITION | | | | | |
|-------------------------------|-----------|------------|------------------|---------------------------|----------------------------|
| Household Member # | Last Name | First Name | Is DPCR Student? | Relationship to Applicant | Date of Birth (MM/DD/YYYY) |
| APPLICANT | | | | ----- | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

PART 2. ADJUSTED GROSS INCOME (AGI) FROM 1040 TAX RETURN

If Applicant has a tax return available for the most recent year, please complete the table below listing adjusted gross income (AGI) as reported on 1040 tax return. Please complete for any member within the household that files a tax return separately.

| PART 2. ADJUSTED GROSS INCOME (AGI) | |
|-------------------------------------|--|
| Household Member # | Adjusted Gross Income (AGI) on 1040 Tax Return |
| APPLICANT | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

OR

Check this box if
1040 Tax Return
is not available.
Then complete
Parts 3, 4, and 5
(on next page)

IF PART 2 IS COMPLETED:

- ☐ SKIP Parts 3 and 4
- ☐ SIGN and DATE in Part 5 (on next page)

IF PART 2 IS NOT COMPLETED:

- ☐ COMPLETE Parts 3, 4, and 5 (on next page)

PART 3. GROSS ANNUAL INCOME

Please complete for each individual household member who earned income from the sources listed below.

| PART 3. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS) | | | | |
|--|--|---|---|--|
| Household Member # | Employment or Wages | Soc. Security/Pensions | Public Assistance | Any Other Income |
| APPLICANT | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| NOTE: | Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business. | Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc. | Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.). | Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household. |

PART 4. INCOME FROM ASSETS

Please complete for each individual household member who had savings, investment, retirement, or other accounts with cash value. For columns (B) and (D), only provide value if known – otherwise do not list.

| PART 4. INCOME FROM ASSETS | | | | |
|----------------------------|--------------------------------|---|---|--|
| Household Member # | Savings Account Cash Value (A) | If known, estimate annual income from Savings Account (B) | Investment, Retirement, and All Other Accounts Cash Value (C) | If known, estimate annual income from Investment, Retirement, and Other Accounts (D) |
| APPLICANT | \$ | \$ | \$ | \$ |
| 2 | \$ | \$ | \$ | \$ |
| 3 | \$ | \$ | \$ | \$ |
| 4 | \$ | \$ | \$ | \$ |
| 5 | \$ | \$ | \$ | \$ |
| 6 | \$ | \$ | \$ | \$ |

PART 5. HOUSEHOLD CERTIFICATION & SIGNATURES

I have provided either a copy of the most recent tax return for each person(s) separately filing such a return, as set forth in Part 2, or acceptable verification of current and anticipated annual income for each person(s) set forth in Part 3. I agree to notify De Paul Cristo Rey High School immediately upon any change in the members of my household.

Under penalties of perjury, I certify that the information presented in this Certification is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitute an act of fraud.

The undersigned acknowledges that the information being provided hereunder is required in connection with the financing of De Paul Cristo Rey High School's facility expansion located at 1133 Clifton Hills Avenue Cincinnati, OH 45220, and hereby consents to the disclosure of such information to DVCi CDE XLII, LLC, Citywide Cincinnati Development Fund 27, LLC, and USBCDE SUB-CDE 179, LLC, solely in connection with ensuring the compliance of De Paul Cristo Rey High School with the requirements of Section 45D of the Internal Revenue Code of 1986, as amended.



1. Do you have the EdChoice scholarship? ☐ Yes ☐ No?

2. Are there any special circumstances about your household or finances we should know? This helps us determine eligibility for additional scholarships.

3. Do you have people living in your household currently going to college? If so, please include relationship to student and college attending.

4. Marital status:

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

5. Currently employed? ☐ Yes ☐ No. If not, why not?
