



RLS Dept  
1600 Holloway Ave  
San Francisco, CA 94132-4161

### Tall Ship Education Academy Parent Financial Statement

Name of Applicant to TSEA: \_\_\_\_\_

Student lives with (*check all that apply*):

Father  Mother  Stepfather  Stepmother  Male Guardian  Female Guardian

#### Parent or Guardian Information

Home Address to which all tuition correspondence will be mailed:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### Parent A

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled  Deceased

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years with Firm: \_\_\_\_\_  Part time  Full Time

Indicate the relationship between Parent A and the TSSG Applicant:

Father  Mother  Stepfather/Male Guardian  Stepmother/Female Guardian

#### Parent B

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled  Deceased

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years with Firm: \_\_\_\_\_  Part time  Full Time

Indicate the relationship between Parent A and the TSSG Applicant:

Father  Mother  Stepfather/Male Guardian  Stepmother/Female Guardian

**Basic Tax Information**

1. The information on this form is from a 2008 tax return that is:  Completed  Estimated
2. Income tax filing status for:  
 (2008)  Single  Married, joint return  Married, filing separately  Head of household  
 (2009)  Single  Married, joint return  Married, filing separately  Head of household
3. Did the TSEA applicant file a federal tax return for 2008?  Yes  No
4. How many federal income tax exemptions did you or will you claim for 2008? \_\_\_\_\_
5. How many children, including the TSSG applicant, are receiving support from you in 2009? \_\_\_\_\_
6. How many children entered in Question 5 will be attending full time child care, tuition-charging pre-schools, schools or colleges in 2009-2010?

**Income and Expenses**

<b>Total Taxable Income before deductions:</b>	2008	Estimated 2009
1 Salaries and wages for Parent A		
2 Salaries and wages for Parent B		
3 Taxable dividends and/or interest income from 1099 statement(s)		
4 Alimony received or estimated ( <i>do not include child support</i> )		
5 Net profit/loss from business and/or farm ( <i>if loss, use parenthesis around figures</i> ) Check only one box. <input type="checkbox"/> Parent A <input type="checkbox"/> Parent B <input type="checkbox"/> both Parent A and Parent B		
6 Other taxable Income		
7 Untaxed portion of payments to IRA		
8 Keogh plan payments and self-employed SEP deduction		
9 Other IRS allowable adjustments to taxable income		
<b>Total nontaxable income</b>		
10 Child support received for all children		
11 Social Security benefits for entire family		
12 Other non taxable income ( <i>complete worksheet on page 6</i> )		
13 IRS total Itemized Deductions from IRS Schedule A		
14 Total Federal Taxes paid (IRS 1040 or 1040A)		
15 Self-employment tax paid		
<b>Insurance/Medical &amp; Dental Expense</b>		
16 Total medical/dental expenses not reimbursed by insurance		

17 Total paid for medical/dental insurance plans


18 Unusual expenses: **itemize on last page of Statement.**

**Include:**

- nursing home/assisted living care
- current legal fees
- closing costs for home purchases or refinancing
- sewer, street, and water assessments (installation only)
- unreimbursed tuition for parents
- uninsured natural disasters
- child support paid in excess of \$5000
- special costs for a child with a disability
- funeral expenses

**Do not include:**

- anything covered in other questions (mortgages, consumer purchases, retirement plans, debt)
- car payments
- charity or church contributions
- childcare payments
- children's school/college expenses
- payments for commuting
- household help payments
- payments for home repairs
- payments on insurance premiums
- payments for condo/association fees

**Family Assets and Debts**

19. Home (*if owned*)

Year Purchased	
Purchase Price	
Total Property Insurance Carried	
Present Market Value	
Unpaid Principal on 1 <sup>st</sup> Mortgage	
Annual Payment on 1 <sup>st</sup> Mortgage	

20. Do you have a 2<sup>nd</sup> mortgage or equity loan on your home?  Yes  No

If yes

Year of 2 <sup>nd</sup> Mortgage	
Year of Equity Loan	
Unpaid Principal on 2nd Mortgage/Equity Loan	
Annual Payments on 2 <sup>nd</sup> Mortgage/Equity Loan	

21. All other Real Estate: Please provide the following information for any other Real Estate holdings. Use additional pages if necessary.

Describe property and its use:

Year Purchased	
Purchase Price	
Total Property Insurance Carried	
Present Market Value	
Unpaid Principal on other Real Estate	
Annual Payment on other Real Estate	

22. Bank Accounts:

Total of parents' interest-bearing and non interest bearing accounts: \_\_\_\_\_

23. Investments: net value of stocks, bonds, mutual funds etc. Do not include pensions, retirement plans, IRAs, SEPs or Keoghs.

Total Investments: \_\_\_\_\_

6. Debts: **Itemize on final page of application.**

**Include:**

- past educational debts of parents
- encumbrances against home or other real estate
- past medical/dental expenses
- debts for investments
- living expenses if business failure, prolonged illness, unemployment, etc., have depleted assets
- past business debts
- uninsured natural disasters
- past funeral expenses
- past legal fees

**Do not include:**

- anything covered in other questions
- mortgages
- business, farm, car, or consumer debt (purchases charged to credit cards)
- debts for routine home repairs
- schooling expenses for children
- travel expenses

Total debts \_\_\_\_\_

7. Amount of debt planned to be paid during 2009: \_\_\_\_\_

8. Consumer debt: **itemize on last page of Statement** \_\_\_\_\_

9. TSEA Applicant Assets: \_\_\_\_\_

10. How much can you afford to pay toward your daughter/guardian's TSEA tuition: \_\_\_\_\_



12. Complete this item only if applicant's parents are separated, divorced or have never been married.

Divorced  Separated, no court action  Legally separated  Never married

Year of divorce or separation: \_\_\_\_\_ Is there a joint custody agreement?  Yes  No

If a parent of the applicant is not listed as Parent A or Parent B, please provide the following:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled  Deceased

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years with Firm: \_\_\_\_\_  Part time  Full Time

Non Taxable Income

Complete the following and place the total on page 2, item 12 under "Other Non taxable income"

	2008	Estimated 2009
Payments to tax-deferred pension & savings plans as reported on W-2 form. Include amounts withheld from earnings for qualified retirement plans such as 401(k) and 403(b) plans. Do not reports amounts entered on Page 2, line 8.		
Pretax contributions or employer-provided untaxed income from fringe benefit plans ( <i>cafeteria or 125 plans</i> )		
Cash support, gifts or money paid on your behalf ( <i>from relatives or nonrelatives</i> )		
Household expenses and any money paid by separated or divorced spouse in lieu of child support.		
Housing, food and other living allowances ( <i>including rent subsidies for low income housing</i> ) paid on your behalf or to you as a member of the military, clergy or other occupation or contributions to your household income provided by other nondependent members.		
Earned income credits, welfare benefits, veterans benefits, workers compensation.		
Income from tax-exempt investments		
Income earned abroad.		
Other untaxed income and benefits not included above.		
<b>TOTAL: enter on Page 2, item 12</b>		

**Explanations**

Use the space below to give additional explanation for the lines where itemization is needed. Be as brief as possible.

**Unusual Expenses: Line 18**

**Debt: Line 6**

**Consumer Debt: Line 8**

**Parent Certification and Authorization**

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive any financial aid and/or our ability to maintain a contract with the Tall Ship Education Academy.

Signature:

Date:

Home Telephone Number

Work Telephone Number

Signature:

Date:

Home Telephone Number

Work Telephone Number