

# Application for UPHCSA Financial Assistance – Summer 2010

## Financial Need Statement Instructions

### If your household gets FOOD STAMPS OR TANF, follow these instructions:

**Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or TANF case number. (9 digits)

**Part 2:** Check the appropriate box.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form.

**Part 6:** Answer this question if you choose to.

### If you are applying for a FOSTER CHILD, follow these instructions:

**Part 1:** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form.

**Part 6:** Answer this question if you choose to.

### ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income during last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2–How often did you get paid last month and what was the Gross amount.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony (second column), pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, regular saving account withdrawals, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. You must report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form. If the student is selected to attend the program, a copy of both parents tax return will be required.

**Part 6:** Answer this question if you choose to.



## FEDERAL INCOME CHART

For School Year 2009-2010

Household size	Yearly	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	\$26,955	\$2,247	\$519
3	\$33,874	\$2,823	\$652
4	\$40,793	\$3,400	\$785
5	\$47,712	\$3,976	\$918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317

**Please staple this form to the University of Pittsburgh Health Career Scholars Academy application and submit to the UPHCSA office before the February 11, 2010 application receipt date.**

Our mailing address is:

**Mrs. Karen Narkevic, Director  
University of Pittsburgh Health Career Scholars Academy  
Suite 302 Iroquois Building  
3600 Forbes Avenue  
Pittsburgh, PA 15213**