



Holy Apostles

CATHOLIC SCHOOL

Financial Disclosure Form

For further assistance please contact: 262-786-7331 or hanbschool.org

Parent/Guardian Name: _____

Phone: _____

Address: _____

Email: _____

City, State & Zip: _____

Number of persons in household: _____

Names & Grades of children applying: _____

Number of parents in household: _____

Household Income

1. Most recent father's W-2 income: _____
(W-2 box 3; Do not Include self-employment)

2. Most recent mother's W-2 income: _____
(W-2 box 3; Do not Include self-employment)

3. Last year's Social Security Benefits: _____
(Include total for all household recipients)

4. Child support received last year: _____
(Include total for all household recipients)

5. Military/Clergy housing last year
Allowance: _____

6. Last year's non-taxable income: _____
(W-2 box 12; ADC; General Assistance; Food
Stamps; others)

Household Assets

1. Household Adults' Cash on Hand: _____
(Total in all: Cash, Checking, and savings)

2. Value of Home: _____

3. Value owed on Home: _____

4. Value of stocks, bonds, investments: _____
(Exclude retirement and pension accounts)

5. Value of other assets owned: _____
Circle type: real estate business farm

6. Amount owed on assets in #5: _____

7. Automobiles - year, make, and model: _____

Household Deductions for last calendar year:

1. Medical/Dental expenses: _____
(Expenses not covered by insurance and
premiums paid outside of an employer's plan.
You must provide a Schedule A or an itemized
list of expense.)

2. Child Support Paid: _____
(Total paid for children not in household)

3. K-12 Tuition Paid: _____
(Total after all amounts paid on your behalf by
others, grants, and gifts are subtracted. Don't
include college tuition here, See question 22)

4. Church contributions: _____
(Include Schedule A or letter from the church)

5. Childcare expenses: _____
(Include Form 2441 or bill from provider)

Other Information

Additional sheets can be used to explain special
circumstances if necessary for processing, such as
medical hardships, changes in employment that will
cause increase or decrease in income, etc.

1 List weekly unemployment amount for all
unemployed household parents: _____

2 How much can you pay for your children's
education at this school? _____

Do not enter \$0 or leave blank. Please enter a
reasonable estimate. Be sure to indicate if you are
listing a payment plan, i.e. monthly, quarterly, etc.

3 Last year's household college tuition paid: _____

(Include Form 8863 or bill from college showing amount
paid)

