

2016-2017 FINANCIAL ASSISTANCE REQUEST FORM

COMMUNITY MUSIC SCHOOL

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TO BE CONSIDERED FOR FINANCIAL AID, YOU MUST COMPLETE *BOTH SIDES* OF THIS FORM, *SIGN* THE FORM AND ATTACH *PROOF OF ALL INCOME*. PROOF OF INCOME INCLUDES COPIES OF YEAR 2015 FEDERAL INCOME TAX FORMS, CURRENT SOCIAL SERVICES BUDGET SHEETS, SOCIAL SECURITY ADMINISTRATION LETTERS, FOOD STAMP LETTERS, COLLEGE FINANCIAL AID LETTERS, ETC.

Last Name(s) of Student _____

Phone (work) _____ (home) _____ (cell) _____

If your home phone is listed under another name, what is that name? _____

What is your relationship to that person? _____

Marital Status _____ Number in Family Relying on Income _____

Current Year's Family Income Sources
Please include all taxable and non-taxable sources of income.

	Name of Family Member Receiving Income	Annual Gross Amount	Please Indicate the Type of Required Proof Being Supplied (tax return, budget sheets, SSA letters, etc.)
Employment Wages		\$	
Employment Wages		\$	
Public Assistance		\$	
Public Assistance		\$	
Supplemental Security Income		\$	
Supplemental Security Income		\$	
Food Stamps		\$	
Alimony		\$	
Child Support		\$	
Social Security		\$	
Social Security		\$	
Social Security		\$	
Pension		\$	
Investments		\$	
College Financial Aid		\$	
Unemployment		\$	
Other		\$	
	Total	\$	

Please explain any change in income from year 2015 to year 2016. _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

