

RHODE ISLAND PUBLIC HIGHER EDUCATION SENIOR CITIZENS MEANS TEST 20/21

ATTACH SIGNED COPY OF FEDERAL INCOME TAX RETURN

Student Name _____ SSN _____

Home Address _____ Phone _____

1. Are you a resident of Rhode Island? Yes No (**NOT ELIGIBLE**)
2. Are you at least sixty years of age? Yes No (**NOT ELIGIBLE**)
3. Did you file a 2019 tax return? Yes (**GO TO ITEM 4**) No (**SIGN THE AFFIDAVIT BELOW**)
4. Total income from Federal Form 1040 line 7b. _____
5. Total number of dependents from Form 1040. Add 1 if single, add 2 if married filing jointly. _____
6. Enter the amount from the table below which corresponds to the number from item 5 above. _____

Dependents:

1	\$38,280
2	\$51,720
3	\$65,160
4	\$78,600
5	\$92,040
6	\$105,480
7	\$118,920
8	\$132,360

For family units with more than eight members, add \$13,440 for each additional family member.

If the amount in Item 6 is more than the amount in Item 4, you meet the means requirement.

I declare that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Approved by _____ Date _____

Please return this form along with copies of your signed Federal Income Tax Return and your Rhode Island driver's license to:
Bursar's Office, Building 4, Rhode Island College, Providence, RI 02908-1991