RHODE ISLAND PUBLIC HIGHER EDUCATION SENIOR CITIZENS MEANS TEST 22/23

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 six | ty years of age? $\ \Box$ | Yes □ No (NOT ELIGIBLE) |
| 3. Did you file a 2021 | tax return? ☐ Yes | (GO TO ITEM 4) |
| 4. Total income from | Federal Form 1040 lin | ne 9 |
| 5. Total number of de | ependents from Form | 1040. Add 1 if single, add 2 if married filing jointly |
| 6. Enter the amount f | rom the table below w | hich corresponds to the number from item 5 above |
| Dependents: | | |
| 1 2 3 4 5 6 7 8 | \$40,770 \$54,930 \$69,090 \$83,250 \$97,410 \$111,570 \$125,730 \$139,890 | |
| For family units with r | more than eight memb | ers, add \$14,160 for each additional family member. |
| If the amount in Iter | n 6 is more than the | amount in Item 4, you meet the means requirement. |
| I declare that the abo | ve 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