SENIOR CITIZEN TUITION WAIVER FORM 2018-2019

COD STUDENT’S INFORMATION:

Student Name __________________      ________________________      _____          ______________

Last      First         MI  COD ID

Address_____________________________   _______________      ___________       _______________

Street Address           Apt#            City          State             Zip Code

The Senior Citizen Course Act (110 ILLS 990) permits senior citizens, 65 years of age or older, to enroll in regularly scheduled credit courses at public institutions of higher education without the payment of tuition. **This benefit does not include payment of fees.** Students must meet the following criteria:

- Age 65 or over: Date of Birth __________________
  (Acceptable documentation includes: valid state issued driver’s license, state issued ID card, US Passport, Birth Certificate
- Resident of Community College District 502: (Acceptable documentation includes: valid driver’s license, state issued ID card, current utility bill
- Annual 2017 household income* of less than (acceptable documentation includes: 2017 federal or state tax return or 2017 Social Security Benefits Summary):
  - $24,280 for a household of one
  - $32,920 for a household of two
  - $41,560 for a household of three
  (*Refer to attached Senior Citizen Tuition Waiver Income Guidelines)

ENROLLMENT INFORMATION:

I am planning to enroll at College of DuPage for the term(s) and credit hours as indicated below:

- Fall 2018          # of Credit Hours _________
- Spring 2019        # of Credit Hours _________
- Summer 2019        # of Credit Hours _________

FINANCIAL INFORMATION:

My combined household income for the year 2017 is $ _________________

Documentation of your 2017 income is required and you must submit a copy of your signed 2017 federal or state tax return (if filed) or your retirement benefit statement(s).

STUDENT SIGNATURE:

Signature:_____________________________________________Date:___________________________
Senior Citizen Tuition Waiver Income Guidelines

The following sections from P.A. 77-2059 (Senior Citizens and Disabled Persons Property Tax Relief Act) describe the manner in which “household income” is to be determined. Income levels are based on 200% of the federal poverty guidelines per household size for calendar year 2018.

403.05 Household defined
3.05 “Household” means a claimant or claimant and spouse living together in the same residence.

403.06 Household income defined
3.06 “Household income” means the combined income of the members of a household

403.07 Income defined
3.07 “Income” means adjusted gross income, properly reported for federal income tax purposes under the provisions of the Internal Revenue Code, modified by adding thereto the sum of the following amount to the extent deducted or excluded from gross income in the computation of adjusted gross income:

(A) An amount equal to all amounts paid or accrued as interest or dividends during the taxable year.
(B) An amount equal to the amount of tax imposed by the Illinois Income Tax Act paid for the taxable year.
(C) An amount equal to all amounts received during the taxable year as an annuity, under an annuity, endowment or life insurance contract or under any other contract or agreement.
(D) An amount equal to the amount of benefits paid under the Federal Social Security Act during the taxable year.
(E) An amount equal to the amount benefits paid under the Railroad Retirement Act during the taxable year.
(F) An amount equal to the total amount of cash public assistance payments received from any governmental agency during the taxable year other than benefits received pursuant to this Act.
(G) An amount equal to any net operating loss carryover deduction or capital loss carryover deduction during the taxable year.

“Income” does not include any grant assistance received under the Nursing Home Grant Assistance Act or any distributions or items of income described under subparagraph (X) of paragraph 2 of subsections (a) of Section 203 of the Illinois Income Tax Act.

For Business Office Use Only:

$ __________ Household Income Verified  _____District 502 Residency Verified  _____ Age Verified

$ __________ Total of Tuition to be Waived  _____ Number of Individuals in Household

Date applied to student account: ____/____/_____

Entered By: __________________________________________

Note: Please attach a copy of the student’s documentation of income, age, and residency to this application and maintain all documents for auditing purposes.