



OFFICE OF STUDENT REGISTRATION SERVICES

SENIOR CITIZEN TUITION WAIVER FORM 2019-2020

COD STUDENT'S INFORMATION:

_____	_____	_____	_____
Last Name	First Name	MI	COD ID #
_____	_____	_____	_____
Street Address	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 IL Issued Driver's License, State ID, US Passport or Birth Certificate)
- **Resident of Community College District 502:** (Acceptable documentation includes: Valid IL Issued Driver's License, State ID, US Passport, Current Utility Bill)
- **Annual 2018 household income at or below 200% of the 2018 federal poverty:** (acceptable documentation includes: 2018 federal or state tax return or 2018 Social Security Benefits Summary):

\$24,280 for a household of one	\$50,200 for a household of four
\$32,920 for a household of two	\$58,840 for a household of five
\$41,560 for a household of three	\$67,480 for a household of six

ENROLLMENT INFORMATION:

I am planning to enroll at College of DuPage for the term(s) selected below (check all that apply):
Fall 2019 _____ **Spring 2020** _____ **Summer 2020** _____

FINANCIAL INFORMATION:

My combined household income for the year 2018 is \$ _____.
 Documentation of your 2018 income is required and you must submit a copy of your **signed** 2018 federal or state tax return (if filed) or your retirement benefit statement(s).

STUDENT ACKNOWLEDGEMENT:

I understand that I am expected to pay any applicable fees, books, and any classroom supplies costs. I acknowledge that it is my intention to fully pursue the credit course(s) for the term(s) selected above.

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 2019.

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 Office of Student Registration Services 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.