UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships

UIC Portal: https://my.UIC.edu -- Email: money@uic.edu -- Phone: (312) 996-3126 **College of Medicine**: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127



2025-2026 Senior Citizen Tuition Waiver Application

| Secti | on A - Appli | cant Info | mation (| Please P | rint Cle | early) | | | | | | | |
|---------------|--|--|-------------|-----------------------|-----------|----------|---------------------------------------|---------------|----------|------------|--------|--|--|
| | | | | | | | | | | | | | |
| Last Name Fir | | First Nan | ne | | M.I. | | Email | | | | | | |
| Secti | on B - Tuitio | on Waiver | Eligibilit | ty Verifica | ation | | | | | | | | |
| and my | ordance with the y application wi and charges othe | II not be pro | cessed with | | | | | | | | | | |
| | | nt ne University household ir 0,120 for a h | ousehold o | r below 200 of one | % of the | | \$40,880 | for a ho | ousehol | d of two | | | |
| | □ \$5 (*Refer to atta | 1,640 for a h ached <u>Senio</u> | | | er Income | | <u> </u> | for a hope 2) | | d of fou | r | | |
| | Number of Ho | ousehold Me | mber (spo | use and dep | pendent | children | only): _ | | | | | | |
| Please | provide the fo | llowing docu | mentation: | | | | | | | | | | |
| | Copy of Drive Signed 2024 | | | eturn includi | ng all sc | hedules | and/or | retireme | ent bene | efit state | ement. | | |
| Secti | on C - Stude | ent Signat | ure | | | | | | | | | | |
| I certify | y that the inforn | nation provid | led on this | form and ar | ny attach | ments a | ire true | and corr | ect. | | | | |
| Stude | nt's Signature | | | | Date | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| NOTE | : Signatures c | annot be ty | oed or stai | mped. They | y must b | e a sig | nature. | | | | | | |
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Section D - Submission Instructions

What you should do:

- 1. Complete this entire worksheet. Answer all questions and SIGN the form.
- 2. Submit ALL documents at the same time.
- 3. Upload this form and all required documents on the UIC Portal.
 - a. Login to the UIC Portal at https://my.UIC.edu
 - b. Click on the "Student" tab
 - c. Click on "Financial Aid Menu"
 - d. You should then be on the Financial Aid "Home" tab.
 - e. Choose the 2025-2026 Award Year
 - f. Under Unsatisfied Requirements, click "Choose File" (If the requirement is not listed, contact your Financial Aid Counselor at https://financialaid.uic.edu/fag/contact-us/ to have the requirement added)

For additional upload instructions, please visit https://docs.financialaid.uic.edu/docs/PDF upload guide.pdf.

Senior Citizen Tuition Waiver Income Guidelines

The following sections from the P.A. 77-2059 (Senior Citizens and Disabled Persons Property Tax Relief Act) describe the manner in which "household income" is to be determined.

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 amounts 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.

This Amendatory Act of 1987 shall be effective for purposes of this Section for tax years ending on or after December 31, 1987.