



FINANCIAL AID AND SCHOLARSHIP OFFICE
UC SANTA CRUZ

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UCSC Student's ID /Account Number (Do not use CRUZ ID)

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UCSC Student's Last Name

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First Name

2019-20 Parent Future Year Income Estimate and Expenses

Please provide an estimate of your expected income using the dates provided. **Please do not leave blanks.** If the answer is zero, or does not apply to you, enter "0".

Please be advised that due to FERPA (Family Education Rights and Privacy Act) laws, our office will only speak with third parties (including parents) if authorized on the "Authorization to Release Information" form provided directly to UCSC students.

Name of parent (please print) _____ Date parent employment changed ____/____/____

PARENT INCOME STATEMENT

Parent(s) estimated income for the twelve (12) month period of January 1, 2019 through December 31, 2019. Please attach the following as applicable: a copy of the letter you received which verifies your change in employment status, a copy of your unemployment claim letter, and all severance package documentation. **You must also submit a complete copy of your 2017 tax transcript and Verification of Untaxed Income, if you have not already done so.**

Check this box if you do not file a return

Projected income earned before taxes by Parent 1 \$ _____/for 12 month period listed above

Projected income earned before taxes by Parent 2 \$ _____/for 12 month period listed above

In 2017 or 2018, did you or anyone in your household receive benefits from any of the Federal programs listed below? Mark all programs that apply:

Supplemental Security Income Supplemental Nutrition Assistance Program (SNAP) Free or reduced price lunch TANF WIC

TAXABLE INCOME	ANNUAL	UNTAXED INCOME	ANNUAL
Interest & dividend income	\$ _____	Payments to tax-deferred pension and savings plan (e.g. 401K)	\$ _____
Alimony	\$ _____	Was this included in wage figures above? <input type="checkbox"/> yes <input type="checkbox"/> no	
Business income	\$ _____	IRA, Keogh, SEP, SIMPLE retirement contributions	\$ _____
Capital gains (or loss)	\$ _____	Child support Received <input type="checkbox"/> Paid <input type="checkbox"/>	
Other gains (or loss)	\$ _____	Paid by (parent name) _____	
Retirement/pension benefits	\$ _____	For _____ <small style="margin-left: 20px;">name of child/ren</small>	\$ _____
Rental property, royalties, partnerships, S corporation, trust income	\$ _____	Tax exempt interest	\$ _____
Farm income	\$ _____	Untaxed IRAs/pension distributions excluding rollovers	\$ _____
Unemployment compensation	\$ _____	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____
Taxed Social Security benefits	\$ _____	Veterans noneducation benefits	\$ _____
Paid lump sum benefits: retirement, vacation, sick pay, etc.	\$ _____	Other untaxed income such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security Benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from special spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$ _____
Student grant and scholarship aid to be reported to the IRS in your adjusted gross income	\$ _____		
Combat pay	\$ _____		
Cooperative Education Program earnings	\$ _____		

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UCSC Student's Last Name

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First Name

PARENT EXPENSE STATEMENT

	ANNUAL		ANNUAL
Rent or mortgage payment	\$ _____	Child support paid (Do not include support paid for children living in your home, or for the UCSC student.)	
Property tax	\$ _____	Paid by (parent name) _____	
Utilities (gas, electric, phone)	\$ _____	For _____ name of child/ren	\$ _____
Food and household items	\$ _____	Private school tuition paid (attach documentation)	\$ _____
Car and/or transportation (car payments, insurance, gas, repairs and maintenance, bus)	\$ _____	Vacation and recreation	\$ _____
Medical and dental (not covered by insurance)	\$ _____	Other (specify): _____	\$ _____
Health insurance premiums	\$ _____	_____	\$ _____
Child care and/or elder care	\$ _____	(Do not include federal or state taxes as these are already taken into account)	
Consumer debts and/or other personal loans	\$ _____	TOTAL EXPENSES	\$ _____

If expenses exceed income, explain how you met your expenses below.

PARENT CERTIFICATION

- I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge.
- I understand that any false statement or misrepresentation will be cause for denial, reduction, cancellation and/or repayment of financial aid.

Please report your marital status as of the date you submitted the 2019-2020 financial aid application.

As of the date I filed the 2019-20 financial aid application, I, the parent, am (check **one** box below):

- Never Married
- Divorced or Separated
- Married/Remarried
- Widowed
- Unmarried and both parents living together

Month and year you were either divorced, separated, married/remarried, or widowed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Year		

Parent Signature _____ Date ____/____/____

Parent Daytime Phone (_____) _____ Parent E-mail Address _____

Parent Name _____ Date ____/____/____
PLEASE PRINT (Mo/Day/Year)

RETURN TO: UC Santa Cruz Financial Aid and Scholarship Office, 205 Hahn Student Services Building, 1156 High Street, Santa Cruz, CA 95064
Phone: (831) 459-2963 Web: financialaid.ucsc.edu. For your protection and security, please do not e-mail forms.