The second section of the second section of the second section of the second section s		
UCSC Student's ID /Account Number (Do not use CRUZ ID)	UCSC Student's Last Name	First Name

2012–2013 Parent Future Year Income Estimate and Expenses

provided. Please do not leave blanks. If t Name of parent (please print)		Date parent employment changed	/						
PARENT INCOME STATEMENT									
of the letter you received which verifies	your change in employm Il severance package docur	nuary 1, 2012 through <u>December 31, 2012</u> . ent status such as layoff or reduction in time notice nentation. You must also submit a complete, signed cop	Also, attach a copy of						
=	n work by father or stepfath n work by mother or stepm	her \$ <u>Do Not Leave Blank</u> /yr. nother \$ <u>Do Not Leave Blank</u> /yr.							
·		s from any of the Federal programs listed below? Mark (SNAP) Free or reduced price lunch TANF	all programs that apply:						
TAXABLE INCOME	ANNUAL	UNTAXED INCOME	ANNUAL						
Interest & dividend income	\$ <u>Do Not Leave Blank</u>	Payments to tax-deferred pension and savings							
Alimony	\$ <u>Do Not Leave Blank</u>	plan (e.g. 401K)	\$ <u>Do Not Leave Blank</u>						
Business income	\$ <u>Do Not Leave Blank</u>	IRA, Keogh, SEP, SIMPLE retirement contributions	\$ Do Not Leave Blank						
Capital gains (or loss)	\$ <u>Do Not Leave Blank</u>	Child support received	\$ <u>Do Not Leave Blank</u>						
Other gains (or loss)	\$ <u>Do Not Leave Blank</u>	Tax exempt interest	\$ <u>Do Not Leave Blank</u>						
Retirement/pension benefits	\$ Do Not Leave Blank	Untaxed IRAs/pension distributions excluding rollovers	\$ <u>Do Not Leave Blank</u>						
Rental property, royalties, partnerships, S corporation, trust income	\$ <u>Do Not Leave Blank</u>	Housing, food and other living allowances paid to members of the military, clergy and others							
Farm income	\$ <u>Do Not Leave Blank</u>	(including cash payments and cash value of benefits	s).						
Unemployment compensation	\$ Do Not Leave Blank	Do not include the value of on-base military housing or the value of a basic military allowance							
Taxed Social Security benefits	\$ <u>Do Not Leave Blank</u>	for housing.	\$ <u>Do Not Leave Blank</u>						
Paid lump sum benefits: retirement, vacation, sick pay, etc.	\$ <u>Do Not Leave Blank</u>	Other untaxed income not reported such as workers compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Securit benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay (if you are not tax filers), benefits from flexible spending arrangements (e.g., cafeteriplans), foreign income exclusion or credit for federal tax on special fuels.	ity e						

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UCSC Student's ID /Account Number (Do not use CRUZ ID)	UC	SC Stu	udent's l	Last Nar	ne							Fir	rst Name				
PARENT EXPENSE STATEMENT																	
	ANI	NUAL											ANN	IUAL			
Rent or mortgage payment	\$ <u>Do Not Leave Blank</u>			C	hild sur	nort r	naid (Do	not in	-lude s	unnort			ANNOAL				
Property tax	\$ <u>Do Not Leave Blank</u>				Child support paid (Do not include support paid for children living in your home or for												
Utilities (gas, electric, phone)	\$_Do Not		the UCSC student.)							\$ <u>Do Not Leave Blank</u>							
Food and household items	\$ <u>Do Not</u>	Leave B	<u>Plank</u>		Private school tuition paid (attach documentation)								\$ <u>Do Not Leave Blank</u>				
Car and/or transportation (car payments, insurance,			Vacation and recreation								Do Not L	<u>eave Blan</u>	<u>k</u>				
gas, repairs and maintenance, bus)	\$ <u>Do Not</u>			C	Other (specify):							-	D - N - 4 I	DI	ı.		
Medical and dental (not covered by insurance)	\$ <u>Do Not</u>			- ((Do not include federal or state taxes as these are							_ \$	\$ <u>Do Not Leave Blank</u>				
Health insurance premiums	\$ Do Not			,	already taken into account)												
Child care and/or elder care	\$_Do Not Leave Blank			TOTAL EXPENSES						c Do Not Leave Rlank							
Consumer debts and/or other personal loans	\$ <u>Do Not Leave Blank</u>		'	OIALI	EXPE	NOEO					\$ <u>Do Not Leave Blank</u>						
If expenses ex	xceed inc	ome,	explai	n how	you n	net yo	our exp	oense	s belo	W.							
			•			,	•										
			FNIT C	CEDTU		TIO	vI										
			ENT C														
I hereby declare that all information reportI understand that any false statement or m																	
of financial aid.																	
Please check your marital status as of the date you submitted the 2012-2013 FAFSA application. Provide the month and year you were married, separated, divorced, widowed, or a California Registered Domestic Partner in the box next to your selection.																	
Single																	
Divorced Divorced																	
Separated Separated																	
Married/Remarried Married/Remarried																	
Widowed Month Year																	
California Registered Domestic Partne	r																
Parent Signature	Month		ear				Date	/	/								
Parent Signature Date//																	
Parent Name please print							raren	uate	OI RIL	:h ((Mo	/ o/Day/Y						

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.

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