



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

2013–2014 Parent Income and Expenses

This form is being requested to help us better understand your financial circumstances. Please list your income and expenses using the dates provided. Complete each line. If the answer is zero, or does not apply to you, enter "0". DO NOT LEAVE BLANKS.

	PARENT INCOM	E STATEMENT					
	•	through come Tax return if you have not already o	done so.				
Income earn	ed before taxes by father or stepfather ed before taxes by mother or stepmoth subsidized low-income housing such as		al 12 month period listed above al 12 month period listed above F (do not include below)				
TAXABLE INCOME	ANNUAL	UNTAXED INCOME AN	INUAL				
Interest & dividend income Alimony	\$ <u>Do Not Leave Blank</u> \$ <u>Do Not Leave Blank</u>	Payments to tax-deferred pension and savings plan (e.g. 401K) Was this included in wage figures above?	\$ <i>Do Not Leave Blank</i> es □no				
Business income Capital gains (or loss)	<u>S Do Not Leave Blank</u><u>S Do Not Leave Blank</u>	IRA, Keogh, SEP, SIMPLE retirement contributions \$ Do Not Leave Blank					
Other gains (or loss)	\$ <u>Do Not Leave Blank</u>	Child support received Paid by (name of parent)					
Retirement/pension benefits	\$_ Do Not Leave Blank	ForList child/ren name	\$ <u>Do Not Leave Blank</u>				
Rental property, royalties, partnerships, S corporation, trust income	\$ Do Not Leave Blank	Tax exempt interest Untaxed IRAs/pension	\$ Do Not Leave Blank				
Farm income	\$ <u>Do Not Leave Blank</u>	distributions excluding rollovers \$\overline{Do Not Leave Blank}\$ Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value)					
Unemployment compensation Taxed Social Security benefits	\$ <u>Do Not Leave Blank</u> \$ <u>Do Not Leave Blank</u>	of benefits). Do not include the value of or the value of a basic military allowance f	n-base military housing				
Paid lump sum benefits:			\$ <u>Do Not Leave Blank</u>				
retirement, vacation, sick pay, etc.	\$_Do Not Leave Blank	Veterans noneducation benefits	\$ <u>Do Not Leave Blank</u>				
		Other untaxed income not reported such a disability, etc. Also include the first-time had Form 1040, line 67. Do not include studer additional child tax credit, welfare payment benefits, Supplemental Security Income, we ducational benefits, on-base military how allowance, combat pay (if you are not tax spending arrangements (e.g., cafeteria pla or credit for federal tax on special fuels.	ome buyer tax credit from IRS at aid, earned income credit, ints, untaxed Social Security Workforce Investment Act using or a military housing filers), benefits from flexible				

\$ Do Not Leave Blank

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	PARENT EXF	PENSE STA	TEM	ENT						
	ANNUAL							1A	NNUAL	
Rent or mortgage payment	\$ <u>Do Not Leave Blan</u> k	Child suppo								
Property tax	\$ <u>Do Not Leave Blank</u>	for children living in your home, or for the UCSC student.) Paid by (parent name)								
Utilities (gas, electric, phone)	\$ <u>Do Not Leave Blank</u>	ForList child/ren name						\$ Do Not Leave Blank \$ Do Not Leave Blank		
Food and household items	\$ <u>Do Not Leave Blank</u>									
Car and/or transportation (car payments, insurance, gas, repairs and maintenance, bus)	\$ <u>Do Not Leave Blank</u>	Private school tuition paid (attach documentation) Vacation and recreation expenses			ation)		t Leave Blank			
Medical and dental (not covered by insurance)	\$ <u>Do Not Leave Blank</u>	Other (specify):				\$ <u>Do Not</u>	t Leave Blank	_		
Health insurance premiums	\$ <u>Do Not Leave Blank</u>	(Do not include federal or state taxes as these are already taken into account) TOTAL EXPENSE								
Consumer debts and/or other personal loans	\$ <u>Do Not Leave Blank</u>						\$ <u>Do Not Leave Blank</u>			
If expens	es exceed income, expl	ain how you n	net you	ır expe	nses bel	ow.				
	PARENT	CERTIFICA	TION							
I hereby declare that all information repo	rted on this document is	true, complete	, and a	ccurate	to the b	est of m	ıy knowled	ge.		
• I understand that any false statement or m	isrepresentation will be c	ause for denial,	, reduct	ion, car	ncellation	n and/or	repayment	of financ	ial aid.	
·	•									
Please report your marital status as of the As of the date I filed the 2013–14 FAFSA a	•				1.					
Single										
Divorced										
	Month and year yo				arated,					
Separated	married/remarried, Registered Domest		a Califo	ornia]				
Married/Remarried			onth	Year						
Widowed										
California Registered Domestic Pa	rtner									
Parent Phone()	Pa	rent E-mail Ad	dress _							-
Parent Signature		Date/	_/	- -						
Parent Name	PLEASE PRINT			F	Parent Da	ate of Bi	rth (/_	/_)	

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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