FINANCIAL AID AND SCHOLARSHIPS UNIVERSITY of CALIFORNIA • IRVINE

2012-2013 Medical School Student Verification Worksheet

Complete and return this form with the required documentation to:
University of California, Irvine
School of Medicine
Office of Financial Aid
836 Medical Education Building
Irvine, CA 92697-4089

		UCI ID Number	:	
Parent(s)' H	lousehold Size	& Family Me	mbers in Col	llege
nt(s) (including ependent childr ur parent(s) properties of the parent (s) properties of the parent (s) provide your parent (s) provide your parent (s) will continue to any household ic year and (b)	stepparent) even if ren, even if they do ovide more than had ent(s)' information our parent(s), and (provide more than member that (a) w) were born on or a	f you don't live with not live with your live with your life of their support when applying for (b) your parent(s) half of their supposite enroll in college will enroll in college.	r parent(s). List or family memb federal student provide more th ort from July 1, e at least half-tir	pers that aid. Do not nan half of 2012
Relationship to the	Born on or after January 1,	For family members born on or after January 1, 1989, who will enroll at least ½ time in College in 2012-13*		
student	1989?	Name of College	Degree pursuing	Year in college
Self	XXXXX	UC Irvine		
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
or (c) family me e/professional scho	mbers attending foreignols.	ın colleges, military s	schools, non-financ	ial aid recipien
	rent(s)' house nt(s) (including ependent childi our parent(s) pro rovide your par ney live with you will continue to any household ic year and (b) diploma or cer Relationship to the student Self ent may be reque or (c) family me e/professional schools sehold (listed a	rent(s)' household, please includent(s) (including stepparent) even if ependent children, even if they down parent(s) provide more than harovide your parent(s)' information they live with your parent(s), and (will continue to provide more than any household member that (a) with ic year and (b) were born on or a diploma or certificate program. Relationship to the student	Parent(s)' Household Size & Family Menterent(s)' household, please include: Int(s) (including stepparent) even if you don't live with ependent children, even if they do not live with your parent(s) provide more than half of their support rovide your parent(s)' information when applying for mey live with your parent(s), and (b) your parent(s) will continue to provide more than half of their support any household member that (a) will enroll in college ic year and (b) were born on or after 1/1/1989 and diploma or certificate program. Relationship to the student Born on or after January 1, 1989 time in the student 1989? Name of College	Int(s) (including stepparent) even if you don't live with your parents. ependent children, even if they do not live with your parent(s). List ur parent(s) provide more than half of their support or family membrovide your parent(s)' information when applying for federal student ney live with your parent(s), and (b) your parent(s) provide more the will continue to provide more than half of their support from July 1, any household member that (a) will enroll in college at least half-tir ic year and (b) were born on or after 1/1/1989 and (c) will be enrolled in the student student For family members born or January 1, 1989, who will enrolled in College in 2012. Relationship to the student Self XXXXX UC Irvine Yes No Yes Ye

B. Supplemental Information/Programs

<u>'</u>	
worker? (A person is considered a dislocated v lost his/her job, (b) has been laid off, (c) is red	aker: As of today, are either of your parents a dislocated worker if he/she meets one of the following conditions: (a) has ceiving unemployment benefits due to layoff, (d) was selfomic conditions or natural disasters or is a displaced
	arents or anyone in your parents' household listed in Section A deral programs in 2010 or 2011. <i>Verification may be requested</i> .
☐ Supplemental Security Income	☐ Special Supplemental Nutrition Program for
$\hfill\Box$ Free or Reduced Price School Lunch	Women, Infants & Children (WIC)
\square Temporary Assistance for Needy Families (Table 1)	ANF)
Indicate if you, your parents or anyone in you 2010 or 2011:	r parents' household listed in Section A received Food Stamps in
☐ Food Stamps (Supplemental Nutrition Assista	ance Program)
that shows that Food Stamps were received in	rnia Department of Social Services or alternative documentation of 2010 or 2011. If these were received in another state, please rizing agency. Note: Copies of Food Stamp cards will not be
Check all applicable boxes below and providence of the control of the contro	
	te the information requested.
	2011 income tax information: Father, mother, stepfather and/or stepmother)
Did your father/stepfather earn any income in Did your mother/stepmother earn any income	
☐ Parent(s) earned income in 2011 but will n \$ Father's total earned in 2	ot file and is/are not required to file a 2011 federal tax return. 011 (attach W-2 forms).
\$ Mother's total earned in 2	2011 (attach W-2 forms).
☐ Parent(s) filed or will file a 2011 federal in	come tax return.
☐ Parent(s) filed or will file a Puerto Rican or copy . Convert all figures to U.S. dollars.	r other foreign tax return: Attach a signed, translated, notarized
Student's	s 2011 income tax information
Did the student work or earn any income in 2 If no, skip the student's 2011 income tax info	
☐ Student earned income in 2011 but will no	ot file and is not required to file a 2011 federal tax return.
\$ Total earned in 2011 (at	tach W-2 forms).
☐ Student filed or will file a 2011 federal inco	ome tax return.

2. Complete the sections below; include the total amounts from 1/1/11 through 12/31/11. If the answer is zero or the question does not apply enter \$0. **Do not leave any items blank. Incomplete forms will not be accepted and will delay the student's award.**

2011 Additional Financial Information		Parent	Student
		Total from 01/01/11 to 12/31/11	
Taxable earnings from Federal Work-Study or other need-based work			
programs (attach W-2 forms).			
Combat pay or special combat pay included in your IRS 1040 adjusted			
gross income. Note: Do not enter untaxed combat pay. (Please			
attach W-2 forms.)			
Earnings from work under a cooperative education program offered by			
a college.			
Child support paid because of divorce or separation. Do not include			
foster care or adoption payments.			
Full Name of Child for whom Support was Paid	Full Name of Person to whom Support was Paid		

2011 Untaxed Income	Parent	Student	
2011 Officaxed Income	Total from 01,	Total from 01/01/11 to 12/31/11	
Payments to tax-deferred pension and savings plans (paid directly or			
withheld from earnings), include amounts reported on the W-2 Form in			
Box 12a-12d codes D, E, F, G, H, and S.			
Child support received for all children. Do not include foster or			
adoption payments.			
Housing, food and other living allowances paid to members of the			
military, clergy and others (including cash payments and cash value of			
benefits). Don't include the value of on-base military housing or the			
value of a basic military allowance for housing.			
Veteran non-educational benefits, such as Disability, Death Pension, or			
Dependency & Indemnity Compensation (DIC) and/or VA Educational			
Work-Study allowances.			
Other untaxed income such as workers' compensation, disability, etc.			
Do not include Social Security benefits, Supplemental Security Income,			
on-base military housing or housing allowance; or combat pay.			
(explain):			
Money received, or paid on your behalf (e.g., bills) not reported	XXXXXXX		
elsewhere on this form.			

D. Parent Asset Information

Use the value of your parent's assets as of the day you filed your original FAFSA.				
1. Total cash, savings and checking account balances: \$				
2. Investments: include trust funds, UTMA/UGMA Accounts, money market funds, mutual funds, certificates of deposit, stocks, bonds, commodities, and other securities. Include the value of all qualified education accounts such as Coverdell savings accounts, 529 college savings plans and refund value of 529 prepaid tuition plans. Do not include the value of life insurance and retirement plans (pension funds, annuities, noneducation IRAs, etc).				
3. Real Estate Investments: Please list complete information for all of the real estate your parents of (mobile homes, condos, duplexes, rental property, land, summer homes, etc.). Include an additional parented investment debt means only those debts that are related to the investments. <i>Do not include primary parents' residence.</i>	age if			
Real Estate Properties				
Property Address #1: street address city state zip of Purchase Date: Purchase Date: Unpaid Mortgage \$ Market Value \$	code			
Property Address #2: street address Purchase Date: Purchase Price \$ Unpaid Mortgage \$ Market Value \$ Purchase Value \$	ode			
Property Address #3: street address Purchase Date: Purchase Price \$ Unpaid Mortgage \$ Market Value \$ Table 2 and 1	ode			
Total Current Market Value of all Property \$ Total Debt of all Property \$				
4. Partnerships: Please provide the following information from the 2011 Form 1065 U.S. Partnership Return, including information on Schedules K and L for each Partnership/Sub Chapter S Corporation lists Schedule E of your parents' 2011 federal tax return. If more than one partnership is listed on the income tax form, list additional partnership(s) on a separatindicating all requested information.	ed on			
Partnerships				
Partnership name: Partnership market value (100%): Partnership debt (100%): Percentage of your share: Number of full-time employees: Do you have controlling interest in the partnership? Does your partnership involve real estate ownership? If the partnership debt is greater than the values, please explain:				

completed. Include the value of the land, buildings, machinery, equipment, inventories, etc. Also indicate the debt on each business. Include only the present mortgage and related debts for which the business(es) are used as collateral. If the business is a farm and your parents reside there, you do not need to report the farm Please use an additional sheet of paper if necessary.
Businesses
Business Name: Business Market Value (what is it worth today): Business Debt (what is owed): Susiness Debt (what is it worth today): Susiness Debt (what is it worth t
6. S Corporations: Please provide the following information from the 2011 Form 1120S US Income Tax Return for an S Corporation, including information from Schedules A to M and all K-1 schedules for each S Corporation listed on Schedule E of your parents' 2011 federal tax return.
List additional Corporation(s) on a separate page indicating all requested information.
S Corporations
S Corporation Name: S Corporation Market Value (100%): \$ S Corporation Debt (100%): \$ Percentage of parent(s) share:% Number of full-time employees: Do you have controlling interest in the corporation?
E. Signatures: (Form must be signed by the student and at least one parent)
By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. We also certify that we understand that the Office of Financial Aid may request additional information to verify information reported on this form.
Student's Name (print): Last First Middle Signature Date
Parent's Name (print): Last First Middle Signature Date

5. **Businesses (including self-employment) and/or Investment Farms:** Please state the nature of each business (product or service) and the value of each business as of the date your 2012-13 FAFSA was