

2026-2027 Parent Information Form for Continuing Students

Student's Name _____

UC ID # _____

Email address _____

INSTRUCTIONS

This form is intended for continuing students who submitted biological parents' information in a prior year and wish to be considered for this year. If parents are no longer associated with one another because of divorce or separation, you can have each parent fill out a separate form for his/her information.

Dentistry and Pharmacy 1st time applicants who are 30 years old or older and want to confirm eligibility for the Health Professional Student Loan and/or the Loan for Disadvantaged Students as applicable, can have their parents complete this form in lieu of the CSS Profile. First-time Applicants for Financial Aid applying for Full Funding should submit parents' information by completing the CSS Profile at <https://cssprofile.collegeboard.org/>.

PARENTS' DEMOGRAPHIC INFORMATION

Mother's Name _____

Father's Name _____

 Check here if this parent is deceased and provide a death certificate if not provided previously. Check here if this parent is deceased and provide a death certificate if not provided previously.

Social Security Number _____

Social Security Number _____

Occupation _____ Title _____

Occupation _____ Title _____

Home Address _____

Home Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Telephone Number (____) _____

Telephone Number (____) _____

Age of the older natural parent (required to determine student's eligibility for funds). Are your birth parents Married Separated Divorced Never Married Widowed**DIVORCED / SEPARATED PARENTS**

(To be answered by parent who is completing this form. If not applicable, skip to next section.)

Other Parent's Name _____

Parent who last claimed student as a tax exemption. _____

Year last claimed _____

Year of separation / divorce _____

A. PARENTS' INCOME INFORMATION

Parents must submit a *signed* copy of their 2024 Federal Income Tax Return, including all schedules and attachments. A 1040PC version of the tax return is not acceptable. UCSF may ask for a tax return transcript, tax account information, or verification of non-filing directly from the IRS.

1. I (we) did not work in 2024.

2. I (we) worked, but did not file a Federal Income Tax Return for 2024. I (we) earned: Father \$ _____

3. 2024 untaxed income and benefits (yearly totals only):

a. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings) as reported on the W-2 form. Include untaxed portions of 401(k) and 403(b) plans. \$ _____

b. Social Security Benefits \$ _____

c. Temporary Assurance for Needy Families (TANF) \$ _____

d. Child support received for all children \$ _____

e. Earned Income Credit \$ _____

f. Housing, food, and other living allowances paid to members of the military, clergy, and others. (Exclude rent subsidies for low income housing. Include cash payments and cash value of benefits.) \$ _____

g. Other untaxed income including worker's compensation and financial assistance from other family members (identify source). \$ _____

4. 2024 child support paid \$ _____

B. PARENTS' ASSET INFORMATION

5. Cash, savings, and checking accounts \$ _____

6. Real Estate (if owned, include the home you live in, land, buildings, rental property, etc.) Attach a separate sheet if needed to list additional property.

Primary residence:
Purchase Price: \$ _____ Year Purchased: _____ What is it currently worth? \$ _____ What is owed on it? \$ _____

Other property:
Purchase Price: \$ _____ Year Purchased: _____ \$ _____ \$ _____
Purchase Price: \$ _____ Year Purchased: _____ \$ _____ \$ _____

7. Investments (stocks, bonds, money market, etc.) \$ _____ \$ _____

8. Business \$ _____ \$ _____

A. Own a Farm? Yes No
If so, check here if family lives on the farm. \$ _____ \$ _____

C. PARENTS' HOUSEHOLD INFORMATION

Complete the information below about the people you will support in 2026-2027. Include yourself(s) and the people who lived with **and** received more than half of their support from you at the time the UCSF student applied for financial aid **and** who will continue to get this support between July 1, 2026, and June 30, 2027. **DO NOT** include the UCSF student or his/her spouse. Only list the name of a college if your family member(s) who will be attending at least half-time during the 2026-2027 school year. College enrollment information is subject to verification. (List any additional family members on a separate sheet.)

Full Name If more than one name is used (i.e. a "Chinese" name and an "American" name), please list both on the same line.	Age	Relationship to the student	Attending college half-time or more in 2026-2027?		
			Yes	No	Name of College

SIGNATURES (Each parent completing this form must sign the certification statement below.)

CERTIFICATION:

- I (we), (if providing both parents information) affirm that the above information is true and correct.
- I (we) understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and /or repayment of financial aid from federal, state, and institutional sources.
- I (we) further understand that if false or misleading information is given on this certification, I (we) may be fined, sentenced to jail, or both.
- I (we) also agree to provide confirmation of any of the above information if requested and understand that UCSF may ask for an official verification of non-filing directly from the Internal Revenue Service.

Father's Signature

Date

Mother's Signature

Date

Print Father's Name

Print Mother's Name