

2026-2027 Parents' Income and Expense Form

Student's Name _____ UCID _____

Student's Email _____

Parent(s): In order to evaluate your son or daughter's financial aid eligibility, we need additional information. Please itemize your **monthly** income and expenses from:

January 1, 2024 through December 31, 2024

If your income is from a foreign country, please complete the information below in terms of U.S. dollars. **If you are reporting little or no income, please attach a statement explaining how your family was supported.**

AVERAGE INCOME:

Employment (salary, wages, tips)	_____ /month
Interest and dividend income	_____ /month
Other taxable income (alimony, pensions, rental income, unemployment benefits, capital gains, etc.) Indicate the source: _____	_____ /month
Non-taxable income (social security, veteran's benefits, child support, welfare, AFDC, TANF, etc.) Indicate the source: _____	_____ /month
Business income (all businesses must be reported including partnerships and corporations.)	_____ /month

AVERAGE EXPENSES:

Rent / mortgage payment, including property taxes	_____ /month
Utilities (gas, electric, telephone)	_____ /month
Food / household expenses	_____ /month
Car, transportation expenses (payments, insurance, gas, repairs)	_____ /month
Medical & dental expenses	_____ /month
Childcare expenses	_____ /month
Other expenses: Specify - _____	_____ /month

Certification: The above figures represent complete disclosure of my/our income and expenses for the period indicated. I/We understand that any changes in this information must be reported to the Student Financial Aid Office. **At least one parent must sign.**

Parent's Name (please print) _____

Parent's Signature _____ Date _____