

2017-2018 Parent Information Form

Student's Name _____

Student ID (sfxxxxxx)

Email address _____

Please read the following before completing this form:

- **Continuing Students Applying for Renewal who have submitted parents' information in a prior year:** Resubmission of parents' information is only required of dental, medical, and pharmacy students who want Health and Human Services (HHS) funding consideration.
- **First-time Applicants for Financial Aid applying for Full Funding consideration should submit parents' information by completing the CSS Financial Aid Profile at <http://profileonline.collegeboard.com>.**

Dentistry and Pharmacy 1st time applicants who are 30 or older and want to apply for Health and Human Services funding consideration can have their parents complete this form in lieu of the CSS Profile.

Divorced or separated parents should each submit their information to Student Financial Aid. Unless one parent has already submitted his or her information on the student's FAFSA or CSS Profile, each parent should complete this Parental information Form. Otherwise, only the parent that did not complete the FAFSA or CSS Profile should submit this form to Student Financial Aid.

Student's Mother Stepmother Guardian

Student's Father Stepfather Guardian

Name _____

Name _____

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 (____) _____

PARENTS' INCOME INFORMATION

Parents must submit a *signed* copy of their 2015 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.

Check here, if a tax return has not and will not be filled and be certain to list all sources of income below.

- 1. 2015 income earned from work:

	Father	\$ _____
	Mother	\$ _____

- 2. 2015 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). \$ _____

- 3. 2015 child support paid \$ _____

PARENTS' ASSET INFORMATION

- 4. Cash, savings, and checking accounts \$ _____

- 5. 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:		What is it currently worth?	What is owed on it?
Purchase Price: \$ _____	Year Purchased: _____	\$ _____	\$ _____
Other property:			
Purchase Price: \$ _____	Year Purchased: _____	\$ _____	\$ _____
Purchase Price: \$ _____	Year Purchased: _____	\$ _____	\$ _____

- 6. Investments (stocks, bonds, money market, etc.) \$ _____
- 7. Business \$ _____
- 8. Own a Farm? Yes No \$ _____
 If so, check here if family lives on the farm. \$ _____

PARENTS' HOUSEHOLD INFORMATION

9. Indicate your current marital status (applies to parent or parents completing this form):
 Single Married Separated Divorced Widowed

10. Age of the older natural parent (required to determine student's eligibility for funds).

11. Complete the information below about the people you will support in 2017-2018. 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, 2017, and June 30, 2018. **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 2017-2018 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 of more in 2017-2018?		
			Yes	No	Name of College

DIVORCED / SEPARATED PARENTS

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

12. Other Parent's Name _____ 13. Year of separation / divorce _____

14. Parent who last claimed student as a tax exemption.
 Name _____
 Year last claimed _____

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

CERTIFICATION: All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I understand that all signatories are filling this form jointly. If asked, I agree to give proof of the information that I have given on this form. I realize that this proof includes verification from the IRS. I also realize that if I do not give proof when asked, the student may be denied financial aid.

 Father/Stepfather's Signature Date

 Mother/Stepmother's Signature Date

 Print Father/Stepfather's Name

 Print Mother/Stepmother's Name