

## 2020-2021 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, 2018 through December 31, 2018**

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.**

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### **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 \_\_\_\_\_