

## 2016-2017 PARENT MONTHLY INCOME AND EXPENSE FORM

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Student's Middle Initial: \_\_\_\_\_

Student's 9-digit UCR ID #: \_\_\_\_\_

After a review of your Free Application for Federal Student Aid (FAFSA form), further information is needed to determine your parent's financial situation. Please have your parent enter their average monthly income and expenses for the 2015 calendar year (January 1, 2015 to December 31, 2015).

### TO BE COMPLETED BY PARENT

|   |                 |
|---|-----------------|
| <b>2015 MONTHLY INCOME (Parent 1/Parent 2):</b>   |                 |
| Employment (net salary, wages, tips)  | \$ _____        |
| Business Income (all businesses must be reported, including partnerships & corporations)                  | \$ _____        |
| Interest & Dividend Income  | \$ _____        |
| Other Taxable Income<br>(alimony, pensions, rents, unemployment, capital gains, etc.)<br>Specify:         | \$ _____        |
| Non-Taxable Income<br>(untaxed social security, veterans benefits, child support, TANF, etc.)<br>Specify: | \$ _____        |
| <b>TOTAL MONTHLY INCOME:</b>  | <b>\$ _____</b> |
| <b>2015 MONTHLY EXPENSES (Parent 1/Parent 2):</b>   |                 |
| Rent/Mortgage Payment   | \$ _____        |
| Property Tax  | \$ _____        |
| Utilities (gas, electric, water, phone)   | \$ _____        |
| Food/Household Items  | \$ _____        |
| Car/Transportation (car payments, insurance, gas)   | \$ _____        |
| Medical/Dental  | \$ _____        |
| Child Care  | \$ _____        |
| Other Specify:  | \$ _____        |
| <b>TOTAL MONTHLY EXPENSES:</b>  | <b>\$ _____</b> |

**Note:** Please explain on reverse side of this form how cost of living expenses are met if average monthly expenses exceed monthly income.

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The above figures indicate my family's total monthly income and expenses in 2016. I certify that the information on this form is true and correct.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

After you have filled in the information, print, sign, and submit this form to:  
 UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521  
 Phone (951) 827-3878 Fax (951) 827-5619