

2015–2016 PARENT INCOME & EXPENSE DECLARATION FORM

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Student's Name _____ Student's USC ID Number _____
Last First

Section 1: Parent Income

Parent: Please list ALL sources of income that are used to meet living expenses, including foreign income. Please report all figures in US dollars and as whole numbers rounded to the nearest dollar. If an item does not apply, enter "n/a" in the space provided.

This Parent Income & Expense Declaration includes information for: Both parents Father only Mother only Noncustodial Parent Stepfather Stepmother Legal Guardian

SOURCE OF INCOME	MONTHLY AVERAGE IN 2014	MONTHLY AVERAGE IN 2015
Gross wages/salary/tips of Parent 1 (Excluding severance pay and tax-deferred income)	\$ _____	\$ _____
Total to date for 2015: \$ _____ Estimate for remainder of 2015: \$ _____		
Gross wages/salary/tips of Parent 2 (Excluding severance pay and tax-deferred income)	\$ _____	\$ _____
Total to date for 2015: \$ _____ Estimate for remainder of 2015: \$ _____		
Net income from business or farm (gross income minus business/farm expenses)	\$ _____	\$ _____
Net income from rentals, partnerships, royalties, trusts, or corporations (gross income minus expenses)	\$ _____	\$ _____
Interest/dividends	\$ _____	\$ _____
Capital gains	\$ _____	\$ _____
Social Security (Include benefits for dependent children as well as yourself.)	\$ _____	\$ _____
Pensions/annuities	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Date Benefits Start _____		
Date Benefits End _____		
Severance pay	\$ _____	\$ _____
Workers' compensation/disability benefits	\$ _____	\$ _____
Temporary Assistance for Needy Families (TANF)	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____
Veterans' noneducational benefits (Please specify source) _____	\$ _____	\$ _____
Money received or paid on your behalf, including financial support from abroad: (Please specify source of support: name/relationship.) _____	\$ _____	\$ _____
Housing, food and other living allowances from your employer (Include cash payments and value of benefits.) Indicate: <input type="checkbox"/> military <input type="checkbox"/> clergy <input type="checkbox"/> other	\$ _____	\$ _____
Payments made to tax deferred accounts pension and saving plans, such as IRA, KEOGH, 401(k), 403(b)	\$ _____	\$ _____
Personal loans (Please specify source) _____	\$ _____	\$ _____
Do you have documentation for these personal loans, such as a promissory note or repayment schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Other: _____ (Please specify source) _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

(If monthly income is less than expenses, attach an explanation and documentation to show how remaining expenses are met, or documentation of amounts past due.)

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Student's Name _____ Student's USC ID Number _____
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Section 2: Parent Expenses

Parent: Next to each item, fill in the dollar amount of your family's average monthly living expenses. If your family shares living expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Please report all figures as whole numbers rounded to the nearest dollar. Report only your family's living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES. Fill in all items. If an item does not apply, enter "n/a" in the space provided.

- Does the family share living expenses with others? Yes No If Yes, what is the monthly contribution from others? \$ _____
 If, YES, with whom? Please indicate name and relationship: _____
- Does the family pay rent? Yes No
- Does the family pay mortgage? Yes No If YES, are payments current? Yes No
- If family pays neither rent nor mortgage, or if mortgage payments are not current, please explain: _____

MONTHLY EXPENSES:	AVERAGE AMOUNT PER MONTH IN 2014	AVERAGE AMOUNT PER MONTH IN 2015
Child Support paid	\$ _____	\$ _____
Home mortgage/rent (Do not include insurance, property tax or mortgage on rental properties)	\$ _____	\$ _____
Property tax on primary residence	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____
Utilities (gas, electric, water, etc.)	\$ _____	\$ _____
Phone, cable, Internet	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Child care	\$ _____	\$ _____
Private, elementary/secondary school tuition	\$ _____	\$ _____
Insurance (home, car, health, life, etc.)	\$ _____	\$ _____
Medical/health expenses paid out of pocket and NOT covered by insurance	\$ _____	\$ _____
Gasoline and auto maintenance or public transportation	\$ _____	\$ _____
Car payments (Make: _____ Year: _____)	\$ _____	\$ _____
(Make: _____ Year: _____)	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Personal loan payments	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

(If your 2014 monthly income is less than your expenses, please attach an explanation and documentation to show how remaining expenses are met, or documentation of amounts past due.)

Certification:

I/we affirm that all the information on this form is true and correct to the best of my/our knowledge. I/we understand that USC may verify all estimates of income at year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid over award. Signatures are required for all persons reporting the income/expenses above.

 Father's/Stepfather's Printed Name/Signature Date Mother's/Stepmother's Printed Name/Signature Date