

2015–2016 STUDENT INCOME & EXPENSE DECLARATION

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

Section 1: Student Income

Please list all sources of income used to meet living expenses. Please provide gross amounts.

Note: If you have or will experience a significant decrease in income in 2015, please indicate the date you will reduce or stop working: _____
 Submit a letter of explanation (if one has not been previously submitted) and the following required documentation:

- Copy of your 2014 federal income tax return.
- Copy of your most recent pay stub (showing 2015 year-to-date earnings).

SOURCE OF INCOME	TOTAL AMOUNT IN 2014 (Jan 1, 2014 – December 31, 2014)	TOTAL ESTIMATED AMOUNT IN 2015 (Jan 1, 2015 – December 31, 2015)	ESTIMATE FOR SUMMER 2015 (June 1, 2015– August 31, 2015)	ESTIMATE FOR ACADEMIC YEAR (Sept. 1, 2015 – May 31, 2016)
<u>Wages, Salary</u>				
Student's wages/salary/tips	\$ _____	\$ _____	\$ _____	\$ _____
Spouse's wages/salary/tips	\$ _____	\$ _____	\$ _____	\$ _____
<u>Other Taxable Income</u>				
Interest/dividends	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____	\$ _____	\$ _____
Any other taxable income	\$ _____	\$ _____	\$ _____	\$ _____
<u>Untaxed Income</u>				
Workers' Compensation/disability benefits	\$ _____	\$ _____	\$ _____	\$ _____
Temporary Assistance for Needy Families (TANF)	\$ _____	\$ _____	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____	\$ _____	\$ _____
Housing, food and living allowances from your employer	\$ _____	\$ _____	\$ _____	\$ _____
Indicate: <input type="checkbox"/> military <input type="checkbox"/> clergy <input type="checkbox"/> other <small>(Include cash payments and value of benefits. For military, please indicate your status: <input type="checkbox"/> Veteran or <input type="checkbox"/> Active Duty, include both BAH and BAS benefits above and attach a copy of your military pay stub.</small>				
Veterans' noneducation benefits <small>(Include only Disability, Death Pension, and DIC)</small>	\$ _____	\$ _____	\$ _____	\$ _____
Cash support & gifts, or money paid on your behalf	\$ _____	\$ _____	\$ _____	\$ _____
Please specify source of support (name/relationship): _____				
<u>Other</u>				
From savings	\$ _____	\$ _____	\$ _____	\$ _____
Personal loans/credit card advances <small>(Attach documentation)</small>	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL INCOME AND OTHER SOURCES OF SUPPORT	\$ _____	\$ _____	\$ _____	\$ _____

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2015–2016 STUDENT INCOME & EXPENSE DECLARATION

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

Next to each item, fill in the dollar amount of your (and your spouse's, if applicable) average monthly living expenses. If you share living expenses with others, indicate only the portion of expenses you pay. If an expense occurs other than monthly, please convert it to a monthly average. Report only your living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES. Fill in all items. If an item does not apply, indicate this by writing "n/a."

- Do you share living expenses with others? Yes No
 If, YES, with whom? Please indicate name and relationship: _____
- Do you pay rent? Yes No Mortgage? Yes No
- If you pay neither rent nor mortgage, please explain: _____

MONTHLY EXPENSES:	AVERAGE AMOUNT PER MONTH IN 2014	ESTIMATED AMOUNT PER MONTH WHILE ENROLLED IN SCHOOL
Home mortgage/rent (Do not include insurance, property tax or mortgage on rental properties)	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____
Utilities (gas, electric, water, etc.)	\$ _____	\$ _____
Phone, cable, Internet	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Child care (Child's name and age: _____)	\$ _____	\$ _____
Insurance (home, car, health, life, etc.)	\$ _____	\$ _____
Medical/health expenses NOT covered by insurance	\$ _____	\$ _____
Gasoline and auto maintenance or public transportation	\$ _____	\$ _____
Car payment (Make: _____ Year: _____)	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

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 overaward. Signatures are required for all persons reporting income/expenses above.

 Student's signature Date Spouse's signature Date