



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS
Financial Aid and Scholarships

2017-2018 Parent Income Statement

☐ Extended University

☐ Dream Applicant

17-18 / 25

Student Last Name _____

Student First Name _____

MI _____

CSUCI ID Number _____

Student Phone Number _____

Purpose

The income your parent(s) reported on the Free Application for Federal Student Aid (FAFSA) or Dream Act Application appears to be insufficient to meet basic living expenses (housing, food, clothing, etc.). For clarification purposes, we need to obtain information regarding your additional income sources.

Please complete all sections, do not leave a question blank, indicate "0" if the amount equals zero.

Confirm asset information as of the date the Free Application for Federal Student Aid (FAFSA) or Dream Act Application was filed.

<u>Income Sources</u>	<u>Income Amount Received in 2015</u>		<u>Income Amount Received in 2015</u>
Temporary Assistance for Needy Families (TANF).....	\$ _____	Financial Aid (refunded amount) for parent and/or student.....	\$ _____
Welfare Benefits.....	\$ _____	Workman's Compensation.....	\$ _____
Veterans Benefits.....	\$ _____	Unemployment Benefits.....	\$ _____
Social Security Benefits.....	\$ _____	Disability Benefits.....	\$ _____
CalWORKS.....	\$ _____	Retirement/Pension Income.....	\$ _____
Child Support Received.....	\$ _____	Investment (Interest & Dividends) Income...	\$ _____
Spousal Support Received (e.g. alimony).....	\$ _____	Other Income.....	\$ _____
Money Received or Paid on student's behalf *	\$ _____		
		Total Income (Yearly Amount)	\$ _____

* Money received or paid on student's behalf (e.g. payment of student's bills) and not reported elsewhere on this form. If someone is paying rent, utility bills, etc. for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2017-2018 FAFSA. Amounts paid on the student's behalf also includes any distributions to the student beneficiary from a 529 plan that is owned by someone other than the student or parent(s) (such as grandparents, aunts, and uncles).

Explanation

Explain special circumstances (if any) concerning your financial situation. If you listed zero income above, you must explain how you met your everyday living expenses such as food, rent and clothing.

Signature

I declare the information reported on this form is true, correct, and complete to the best of my knowledge. Further, I give permission to an authorized representative of the Financial Aid & Scholarships Office to verify any of the above information.

Parent Signature _____

Date _____

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE