



**OXY FINANCIAL AID  
INCOME UPDATE- PARENT  
2011-2012**

STUDENT'S NAME: \_\_\_\_\_

OXY ID: \_\_\_\_\_  
(New Students Leave Blank)

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041  
323.259.2548 ~ 323.341.4961 (fax) ~ [finaid@oxy.edu](mailto:finaid@oxy.edu) ~ [www.oxy.edu/finaid](http://www.oxy.edu/finaid)*

**You are being asked to complete this form because you have indicated a major change in your financial circumstances. Document your request fully so we can accurately evaluate your request for additional assistance. Complete only the sections that apply to your current situation. If you would like to provide additional information, attach a letter or use the back of this form.**

**ANTICIPATED INCOME (July 1, 2011 to June 30, 2012):**

Total Anticipated Earnings from Work by Father: \$ \_\_\_\_\_

Total Anticipated Earnings from Work by Mother: \$ \_\_\_\_\_

Total Anticipated Parental Earnings from Interest and Dividends: \$ \_\_\_\_\_

Total Anticipated Parental Profit from Business/Farm: \$ \_\_\_\_\_

Other Taxable Parental Income (please circle all that apply): \$ \_\_\_\_\_  
(rental income, alimony, pensions, unemployment, annuities, capital gains, royalties, partnerships, estates, trusts, severance payments, etc.)

Other Untaxed Parental Income (please circle all that apply): \$ \_\_\_\_\_  
(disability benefits, social security benefits, supplemental security income, welfare benefits, workman's compensation, cash support from others, etc.)

**TOTAL** \$ \_\_\_\_\_

**Provide a brief explanation outlining the reason for this change, and provide any documents that substantiate this change such as: termination notice, death certificate, legal separation or divorce decree, or any other documents that support this change.**

**CERTIFICATION**

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
Signature of Parent Completing Form

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date