

Parent Financial Information

STUDENT'S NAME _____

OXY ID: _____

Provide amounts of all untaxed income and earnings you, **the parent(s)**, received in 2011. If you did not have income from any of the sources, please indicate zero (-0-).

	Amount		Amount
Social Security (such as SSI)	\$ _____	IRA Deductions	\$ _____
Foreign Income Exclusion	\$ _____	Living Allowance (i.e. clergy/military)	\$ _____
Welfare Benefits	\$ _____	Disability Benefits	\$ _____
Cash Support from Others	\$ _____	Non-Educational VA Benefits	\$ _____
Tax Exempt Interest Income	\$ _____	Workman's Compensation	\$ _____
Tax Exempt Dividend Income	\$ _____	Food Stamps (SNAP)	\$ _____
Tax Deferred Retirement	\$ _____	All Other Untaxed Benefits	\$ _____

Child Support you received during 2011 for all children in the household:

	Child #1	Child #2	Child #3	Child #4
Name of Child	_____	_____	_____	_____
Amount of Annual Support	\$ _____	\$ _____	\$ _____	\$ _____
Year Support will End	_____	_____	_____	_____
Person Providing Support	_____	_____	_____	_____

List all assets held by you as of today's date. Please **do not** list retirement accounts (e.g. 401K, 403B, IRA).

	Amount	Source (i.e. inheritance, earnings, gifts)
Cash, Savings & Checking	\$ _____	_____
Stocks & Bonds	\$ _____	_____
Trust Funds	\$ _____	_____
Other Securities/Investments	\$ _____	_____

Do you own a home?..... No Yes

If yes, please complete the following:

Current market value	\$ _____	Purchase price	\$ _____
Current debt	\$ _____	Monthly payment	\$ _____
Address	_____	Year purchased	_____
City, State, Zip	_____		

Do you own real estate other than your primary home?..... No Yes

Only list your share of the value and debt on the real estate.

If more than one property is owned, please use a separate sheet of paper to itemize each property.

If yes, please complete the following:

Current market value	\$ _____	Purchase price	\$ _____
Current debt	\$ _____	Monthly payment	\$ _____
Address	_____	Year purchased	_____
City, State, Zip	_____		

Do you own a business?..... No Yes

Only list your share of the value and debt on the business.

If more than one business is owned, please use a separate sheet of paper to itemize each business.

If yes, please complete the following:

Current market value	\$ _____	Purchase price	\$ _____
Current debt	\$ _____	Monthly payment	\$ _____
Address	_____	Year purchased/opened/inherited	_____
City, State, Zip	_____	Type of Business	_____
		Number of Employees	_____

Do you own a farm?..... No Yes

Only list your share of the value and debt on the farm.

If more than one farm is owned, please use a separate sheet of paper to itemize each farm.

If yes, please complete the following:

Current market value	\$ _____	Purchase price	\$ _____
Current debt	\$ _____	Monthly payment	\$ _____
Address	_____	Year purchased/opened/inherited	_____
City, State, Zip	_____	Type of Farm	_____

Do you live on the farm for more than 50% of the year? _____

Parent Expense Information

STUDENT'S NAME _____

OXY ID: _____

List the total amount of **private** elementary, junior high, or high school tuition paid in 2011.

Please provide documentation to verify your expense (e.g. tuition receipts, copies of checks, or statement from school).

Do not list children who will be attending college in 2012-2013.

	Child #1	Child #2	Child #3	Child #4
Name of Child	_____	_____	_____	_____
Age of Child	_____	_____	_____	_____
Amount of Tuition Paid	\$ _____	\$ _____	\$ _____	\$ _____
Name of Private School	_____	_____	_____	_____

List the total amount of elder care expenses paid by the family in 2011.

	Person #1	Person #2	Person #3	Person #4
Name	_____	_____	_____	_____
Age	_____	_____	_____	_____
Annual Support	\$ _____	\$ _____	\$ _____	\$ _____

List the total amount of medical or dental expenses paid **not covered by insurance or reimbursed from other sources** in 2011.

Please provide documentation to verify your expense (e.g. Receipts or Schedule A).

Do not include premiums paid.

	Person #1	Person #2	Person #3	Person #4
Name of Family Member	_____	_____	_____	_____
Amount of Medical Expenses Paid	\$ _____	\$ _____	\$ _____	\$ _____
Reasons for Medical Expense	_____	_____	_____	_____

List the total amount of educational loan payments made in 2011. This only includes higher education loans (such as a PLUS loan or if a parent is in repayment of *their own* student loans).

Please provide documentation (e.g. receipts or account summaries).

Only list educational loans under the custodial parent(s) name.

	Loan #1	Loan #2	Loan #3	Loan #4
Name of Person Holding Loan	_____	_____	_____	_____
Amount of Loan Paid	\$ _____	\$ _____	\$ _____	\$ _____
Type of Loan	_____	_____	_____	_____

Special Circumstances: If your family has special circumstances, which may impact your ability to contribute financially to your child's education, please submit a letter of special circumstances with any applicable documentation directly to the Financial Aid Office. For more information on types of documentation required, please call the Financial Aid Office. Please note that if you (or the student) previously requested that a special circumstance be taken into consideration when determining your eligibility for financial aid, you **MUST** indicate that the situation has continued and provide appropriate supporting documents. If no information is provided, the Financial Aid Office will assume that no adjustment is necessary for the 2012-2013 academic year.

You are responsible for knowing financial aid policies and procedures. Please review the Financial Aid Policy Handbook located on the web at www.oxy.edu/x5018.xml.

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 also authorize Occidental College to share appropriate information to outside agencies and other institutional offices to assist in maximizing eligibility for financial assistance. I agree to notify the Financial Aid Office of the receipt of other outside scholarships or resources not listed on this form. 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