FINANCIAL AID AND SCHOLARSHIP OFFICE
UC SANTA CRUZ

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UCSC Student's ID /Account Number (Do not use CRUZ ID) | UCSC Student's Last Name | First Name

2019-20 Student Future Year Income Estimate

Some new UCSC students find that their income drops when they begin their studies at the university. If you expect a significant decrease in income from 2016 to the academic year 2019-2020, complete the section below and **submit a copy of your 2017 tax transcript and W-2, if you have not already done so**, or if you used the IRS Data Retrieval Tool.

If you do not file a return, check this box: ☐

DO NOT LEAVE BLANKS.

ESTIMATED INCOME (Do not include any potential work-study earnings or financial aid.)

In 2017 or 2018, did you or anyone in your household receive benefits from any of the Federal programs listed? Mark all programs that apply:

☐ Supplemental Security Income ☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Free or reduced price lunch ☐ TANF ☐ WIC

	Summer 3 Months (July 1–September 30, 2019)	Academic Year 2019–2020 9 Months (October 1, 2019–June 30, 2020)
• Projected income earned before taxes from work by student	$_____	$_____
• Projected income earned before taxes from work by spouse	$_____	$_____

TAXABLE INCOME	Summer 3 Months (July 1–Sept. 30, 2019)	Academic Year 2018-2019 9 Months (Oct. 1, 2019–June 30, 2020)
Interest & dividend income	$_____	$_____
Alimony	$_____	$_____
Business income	$_____	$_____
Capital gains (or loss)	$_____	$_____
Other gains (or loss)	$_____	$_____
Retirement/Pension benefits	$_____	$_____
Rental property, royalties, partnerships, S corporation, trust income	$_____	$_____
Farm income	$_____	$_____
Unemployment compensation	$_____	$_____
Taxed Social Security benefits	$_____	$_____
Lump sum benefits: retirement, vacation, sick pay, etc.	$_____	$_____
Student grant and scholarship aid to be reported to the IRS in your adjusted gross income	$_____	$_____
Combat pay	$_____	$_____
Cooperative Education Program earnings	$_____	$_____

OTHER INCOME	Summer 3 Months (July 1–Sept. 30, 2019)	Academic Year 2018-2019 9 Months (Oct. 1, 2018–June 30, 2019)
Payments to tax-deferred pension and savings plan (e.g. 401K)	$_____	$_____
Was this included in wage figures above? ☐ yes ☐ no		
IRA, Keogh, SEP, SIMPLE retirement contributions	$_____	$_____
Child support Received ☐ Paid ☐ Paid by (parent name) _____		
For _____ (List child/ren name)	$_____	$_____
Tax exempt interest	$_____	$_____
Untaxed IRAs/pension distributions, excluding rollovers	$_____	$_____
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.	$_____	$_____
Veterans noneducation benefits	$_____	$_____
Other untaxed income such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, addtional child tax credit, welfare payments, untaxed Social Security Benefits, Supplemental Security Income, Workforce Innovation & Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from special spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	$_____	$_____
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	$_____	$_____

STUDENT CERTIFICATION

- I hereby declare that the information provided on this form is true and accurate to the best of my knowledge.
- I understand that any false statement or misrepresentation will be cause for denial, reduction, cancellation and/or repayment of financial aid.
- I understand that if my income for the period specified above changes, I am required to notify the Financial Aid and Scholarship Office immediately.

Daytime Phone (_____) _____ E-mail Address _____

Student Signature _____ Date _____

RETURN TO: UC Santa Cruz Financial Aid and Scholarship Office, 205 Hahn Student Services Building, 1156 High Street, Santa Cruz, CA 95064
Phone: (831) 459-2963 Web: financialaid.ucsc.edu. For your protection and security, please do not e-mail forms.

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