

# 2016-2017 Parent Income Statement

16-17 / 25

## DIVISION OF ACADEMIC AFFAIRS

Financial Aid & Scholarships Office

One University Drive

Camarillo, CA 93012

Student Name (Please Print)

Last Name

First Name

MI

Student ID#

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.

**Income Sources:** (Indicate dollar amounts as of the date the FAFSA or Dream Act Application was completed.)

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

\* 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 2016-2017 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).

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.

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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: \_\_\_\_\_

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

One University Drive  
Camarillo, CA 93012

[www.csuci.edu/financialaid](http://www.csuci.edu/financialaid)

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