



## 2019-2020 ESTIMATED PARENT STATEMENT OF INCOME/RESOURCES AND EXPENSES

Student Name:

USD ID Number:

Date:

Last, First MI

Your parents have indicated that their anticipated 2019 income differs from their 2017 income. In order to evaluate the change, please ask your parents to complete this form, itemizing and estimating the expected expenses as well as all income and resources being used to pay expenses in 2019. This form will not be reviewed until your parents' completed 2017 federal income tax data has been provided.

- Please have your parents list their expenses and income on the appropriate lines for 2019.
- If expenses are/will be paid by others or your parent's business, please note the name and amount in the corresponding box below.

**IMPORTANT: No line may be left blank and both pages must be completed.**

If zero, provide an explanation or the form may be returned.

Household Expenses for 2019 (Paid by you or somebody else)	From 1/1/19 Until Today	From Today Until 12/31/19	Yearly Total (1/1/19 – 12/31/19)
Rent/Mortgage			\$
Utilities			\$
Insurance (Home + Auto)			\$
Unreimbursed Medical/Dental			\$
Food			\$
Personal Necessities			\$
Transportation			\$
Car Payments/Leases			\$
Educational Loan Payments			\$
Credit Card Payments			\$
Recreation			\$
Tuition/fees/books ( <i>out of pocket</i> ) <b>Student Name:</b>			\$
Student Room/Board ( <i>out of pocket</i> ) <b>Student Name:</b>			\$
Other (specify)			\$
<b>TOTAL HOUSEHOLD EXPENSES</b>			\$

## 2019-2020 ESTIMATED PARENT STATEMENT OF INCOME/RESOURCES AND EXPENSES

Income/Resources Available in 2019	From 1/1/19 Until Today	From Today Until 12/31/19	Yearly Total (1/1/19 -12/31/19)
Parent 1's income from work ( <i>GROSS</i> )			\$
Parent 2's income from work ( <i>GROSS</i> )			\$
Business Income (do not duplicate from income above)			\$
Rental Income			\$
Interest/Dividend Income			\$
Pension/Retirement Income			\$
Severance Pay			\$
Unemployment Compensation			\$
Veterans Benefits <b>List Type:</b>			\$
Social Security Benefits			\$
Disability <b>List Type:</b>			\$
Child Support			\$
Medicaid/Food Stamps/TANF/WIC (please circle)			\$
Loans ( <i>educational/personal</i> ): List sources and provide signed copies (by both lender & borrower) of all promissory notes for personal loans.			\$
Other ( <i>for example: financial support from family/friends</i> )			\$
Other ( <i>specify source</i> )			\$
<b>TOTAL RESOURCES AVAILABLE</b>			<b>\$</b>

<b>TOTAL HOUSEHOLD EXPENSES (pg 1)</b> \$ _____	<b>TOTAL RESOURCES AVAILABLE (pg 2)</b> \$ _____
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**IMPORTANT:** If your parents' total household expenses exceed their total resources, your parents must provide a detailed explanation of how they will pay their 2019 expenses. If a full explanation is not included, the anticipated 2019 income may not be used in determining your financial aid eligibility.

PLEASE SIGN IN BLUE INK AND PROVIDE WET SIGNATURES

Student Signature (optional)	Date	Parent Signature (required)	Date		

Print Student Name (required)

Print Parent Name (required)

**Please return to:** Office of Financial Aid or One Stop Student Center  
 5998 Alcalá Park, San Diego, CA 92110-2492 (619) 260-2700

PINX  
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