

STUDENT'S NAME: _____
OXY ID: _____
(NEW STUDENTS LEAVE BLANK)

INCOME/EXPENSE WORKSHEET - PARENT 2018-2019

Occidental College
Financial Aid Office
1600 Campus Road F-35
Los Angeles, CA 90041

Phone: 323-259-2548
Fax: 323-341-4961
finaid@oxy.edu
www.oxy.edu/financial-aid

Complete this form to provide a breakdown of your net income (income minus expenses). Please note that not all expenses are recognized for the purposes of determining financial aid eligibility.

SOURCES OF INCOME

Please list all sources of income you received during the 2016 calendar year.

| | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------|
| \$ _____ Income earned from work by Parent 1 (Name _____) | \$ _____ Child support received |
| \$ _____ Income earned from work by Parent 2 (Name _____) | \$ _____ Alimony (List source _____) |
| \$ _____ Net business/farm income | \$ _____ Veteran's benefits (non-educational) |
| \$ _____ Rental income | \$ _____ Housing, food, and other living allowances (i.e., military, clergy) |
| \$ _____ Interest/dividend income | \$ _____ SNAP benefits (aka Food Stamps) |
| \$ _____ Withdrawals from pensions/annuities | \$ _____ Disability benefits |
| \$ _____ Severance pay | \$ _____ Cash support from others (List source _____) |
| \$ _____ Unemployment benefits | \$ _____ All other income not previously reported (Please specify _____) |
| \$ _____ Social Security Benefits | |
| \$ _____ Temporary Aid for Needy Families (TANF) | |
| | \$ _____ TOTAL INCOME |

If any source of income was due to a one-time event, please specify:

MONTHLY EXPENSES

Please list an average of your monthly expenses.

Fixed Expenses

\$ _____ Rent/mortgage
\$ _____ Electricity
\$ _____ Gas
\$ _____ Water/trash
\$ _____ Telephone
\$ _____ Internet/cable
\$ _____ Automobile insurance
\$ _____ Repayment of student loan(s)
\$ _____ Payments for private school/college tuition
\$ _____ Child care costs
\$ _____ Child support payments

Flexible Expenses

\$ _____ Food
\$ _____ Gasoline
\$ _____ Car maintenance/repairs
\$ _____ Clothing
\$ _____ Laundry/cleaning
\$ _____ Personal care
\$ _____ Medical, dental, vision, and prescriptions
\$ _____ Recreation/entertainment
\$ _____ Travel/vacation
\$ _____ TOTAL MONTHLY EXPENSES

Other expenses, please specify:

If monthly expenses (multiplied by 12) exceed income, please explain how you meet your expenses:

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.

Parent Signature (no electronic signatures)

Print Name

Date