



16DEPSTPKT

[illegible]

First Name

## F6DPKT



16DEPSTPKT

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[illegible][illegible]

# 2015–2016 Dependent Student Verification Packet

- On Campus**

**Off Campus**

**Q** With parent(s)

## FEDERAL TAX RETURNS AND INCOME INFORMATION

Employer's Name	Amount Earned	Was IRS form provided? (Answer Yes or No)

- | Employer's Name | Amount Earned | Was IRS form provided?<br>(Answer Yes or No) |
|-----------------|---------------|--|
|                 |               |  |
|                 |               |  |
|                 |               |  |

- Do you own and control more than 50% of a business with over 100 employees? ☐ yes ☐ no

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

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UCSC Student's ID /Account  
Number (Do not use CRUZ ID)

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UCSC Student's Last Name

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First Name

**DO NOT LEAVE BLANKS.**

## OTHER INCOME INFORMATION

1. Child support **received** by you (and your spouse for any of your children. Do not include foster care or adoption payments.

**PARENT**

\$ \_\_\_\_\_/yr.

**STUDENT**

\$ N/A /yr.

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom support was paid	Amount of child support paid in 2014

2. Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing

\$ \_\_\_\_\_/yr.

\$ \_\_\_\_\_/yr.

3. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

\$ \_\_\_\_\_/yr.

\$ \_\_\_\_\_/yr.

4. Other untaxed income not reported, such as workers' compensation, disability, 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, additional child tax credit, welfare payments, untaxed Social Security Benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

List source: \_\_\_\_\_

\$ \_\_\_\_\_/yr.

\$ \_\_\_\_\_/yr.

5. Money received as gifts or to make payments on your behalf (e.g. bills) not reported elsewhere on this form. Do not include financial aid. Include money received from a non-custodial parent that is not part of a legal child support agreement.

Please state source: \_\_\_\_\_

\$ N/A /yr.

\$ \_\_\_\_\_/yr.

6. Child support **paid** by you because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household.

\$ \_\_\_\_\_/yr.

\$ N/A /yr.

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom support was paid	Amount of child support paid in 2014

7. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.

\$ \_\_\_\_\_/yr.

\$ \_\_\_\_\_/yr.

8. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay.

\$ \_\_\_\_\_/yr.

\$ \_\_\_\_\_/yr.

9. Earnings from work under a cooperative education program offered by a college.

\$ \_\_\_\_\_/yr.

\$ \_\_\_\_\_/yr.

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## SAVINGS, INVESTMENTS AND OTHER ASSETS ON THE DATE THE FINANCIAL AID APPLICATION WAS FILED

Note: Investments **do not include the home you live in, the value of life insurance, retirement plans (pension funds, annuities, non-education IRA's, Keogh plans, etc.)**

### Cash, Savings and Checking Accounts

PARENT

STUDENT

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### Net Worth of Your Investments

Net worth of your investments, other than investment real estate reported below. Investments include trust funds, UGMA/UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc. Investments also include qualified educational benefits or education savings accounts (e.g. Coverdell savings accounts, 529 college savings plans and the total refund value of all 529 prepaid tuition plans).

PARENT

STUDENT

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## PARENT(S) REAL ESTATE INVESTMENTS (not included in net worth listed above)

Complete this information for all real estate you (and your spouse) own such as mobile homes, condos, duplexes, rental property, land, summer homes, etc., as of the date the 2015-16 financial aid application was filed. Do not include the home you live in.

Do you the parent(s) own real estate investments excluding the home you live in? ☐ Yes ☐ No If yes, provide details below.

### Property 1 (Do not report the home you live in):

Current Market Value\* \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Year Acquired \_\_\_\_\_

Property Address \_\_\_\_\_  
Street address City State Zip Code

### Property 2 (Do not report the home you live in):

Current Market Value\* \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Year Acquired \_\_\_\_\_

Property Address \_\_\_\_\_  
Street address City State Zip Code

### Property 3 (Do not report the home you live in):

Current Market Value\* \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Year Acquired \_\_\_\_\_

Property Address \_\_\_\_\_  
Street address City State Zip Code

Complete this section if you, the parent, **RENTED OUT A PORTION OF THE HOME YOU LIVE IN** that meets the following criteria: the rental unit has its own entry and includes a kitchen and bath. The portion of your home that generates rental income is considered an asset and must be reported as an investment net worth on the financial aid application. Complete the following information about the home you live in:

Current Market Value\* \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Year Acquired \_\_\_\_\_

Rental Square Footage \_\_\_\_\_ + Home Square Footage \_\_\_\_\_ = Total Dwelling Square Footage \_\_\_\_\_

\*on the date you filed the financial aid application

## STUDENT REAL ESTATE INVESTMENTS

Does the student own any real estate investment property ☐ yes ☐ no

### For Office Use Only

Real Estate Net Worth = Total of Net Value of Each Property listed above \_\_\_\_\_

Total Investments \_\_\_\_\_ + Real Estate Net Worth \_\_\_\_\_ = Total Investment Net Worth \_\_\_\_\_

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UCSC Student's Last Name

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## HOUSEHOLD INFORMATION

Parent, list the people in your household. Include yourself, your spouse, and your children, if (a) you provide more than half of their support **or** (b) the children would be required to provide parental information when applying for federal student aid. If you are not married but live together with the student's other biological/adoptive parent or as determined by the state (i.e. the parent is listed on the birth certificate), regardless of gender, list this person as Parent 2. List any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016. If you have additional people to list, attach a separate sheet of paper with the required information. Do not include parent(s) or siblings who are in U.S. Military Academies in the number in college.

	Full Name of Family Member in Household	Age	Relationship to Student	Name of Title IV* College (if attending in 2015–2016)	For those enrolled in Title IV* college for 2015–16, circle current degree objective.**
Parent 1					
Parent 2					
UCSC Student			self	UCSC	**AA, BA, BS, Certificate, MA, PhD, MD, DDS
Other Members in Household					**AA, BA, BS, Certificate, MA, PhD, MD, DDS
					**AA, BA, BS, Certificate, MA, PhD, MD, DDS
					**AA, BA, BS, Certificate, MA, PhD, MD, DDS
					**AA, BA, BS, Certificate, MA, PhD, MD, DDS

\* Title IV: Public or private institutions of higher education located in the U.S. or its territories.

In 2013 or 2014, did you receive federal low-income housing such as HUD or Section 8? ☐ Yes ☐ No

## CERTIFICATION

- I hereby declare that all information reported on this document is true, complete, 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 verifications of enrollment will be required if family members are listed in a Title IV college.
- This document must be postmarked no later than June 2, 2015 to meet the priority deadline for all types of financial aid.

**Parent**, please report your marital status as of the date you submitted the 2015–2016 financial aid application.

As of the date I filed the 2015–16 financial aid application, I, the parent, am (check **one** box below):

- ☐ Never Married
- ☐ Divorced or Separated
- ☐ Married/Remarried
- ☐ Widowed
- ☐ California Registered Domestic Partner
- ☐ Unmarried and both parents living together

Month and year you were either divorced, separated,  
married/remarried, widowed, or a California  
Registered Domestic Partner

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Year			

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Name \_\_\_\_\_

Parent Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Parent E-mail Address \_\_\_\_\_

PLEASE PRINT

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_