

# SAINT MARY'S COLLEGE OF CALIFORNIA

## Parents' Estimated Year Income Statement

Student Name: \_\_\_\_\_ SSN or SMC ID: \_\_\_\_\_

You have indicated a decrease in parent(s) income in 2023. Please provide the following information

**1. Check the appropriate reason below and explain**

	Unemployment/Change in employment	Date of change	
	Divorce / Separation	Date of change	
	Death of student's parent or spouse	Date of change	
	Disability of student's parent or spouse	Date of change	

**2. Please provide your projected year income for the period of January 1, 2023 to December 31, 2023:**

How much will parent 1 earn by working from January 1, 2023 to December 31, 2023?	\$
How much will parent 2 earn by working from January 1, 2023 to December 31, 2023?	\$
Parent 1 taxable income (other than earned wages) expected from 1/1/23 to 12/31/23.	\$
Parent 1 unemployment compensation, interest income, severance compensation, etc.	\$
Parent 2 taxable income (other than earned wages) expected from 1/1/23 to 12/31/23.	\$
Parent 2 unemployment compensation, interest income, severance compensation, etc.	\$

**3. Parents' nontaxable income from 1/1/23 to 12/31/23 from the following sources:**

IRA deductions & payments to self-employed SEP, Simple, Keogh and other qualified plans	\$
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings.)	\$
Tax exempt interest income	\$
Child Support received for any of parents' children	\$
Housing, food and other living allowances	\$
Untaxed portions of pensions and/or IRA distributions(excluding "rollovers")	\$
Veterans noneducation benefits such as Disability, Death Pension or Dependency & Indemnity Compensation and/or VA Educational Work-Study allowances	\$
Any other untaxed income and benefits not reported above such as worker's compensation, disability etc. Please explain and provide expected amount(s).	\$

**I/We certify the information listed above is complete and accurate. I/We further certify that if any of the information above changes, I/We will immediately notify the Financial Aid Office in writing of the changes.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent email