SAINT MARY'S COLLEGE OF CALIFORNIA
Parents' Estimated Year Income Statement

Student Name: _____   SMC ID: _____

You have indicated a decrease in parent(s) income in 2026. 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, 2026 to December 31, 2026, along with your most recent 2026 paystub or pay statement:

How much will parent 1 earn by working from January 1, 2026 to December 31, 2026?	$
How much will parent 2 earn by working from January 1, 2026 to December 31, 2026?	$
Parent 1 taxable income (other than earned wages) expected from 1/1/26 to 12/31/26.	$
Parent 1 unemployment compensation, interest income, severance compensation, etc.	$
Parent 2 taxable income (other than earned wages) expected from 1/1/26 to 12/31/26.	$
Parent 2 unemployment compensation, interest income, severance compensation, etc.	$

3. Parents' nontaxable income from 1/1/26 to 12/31/26 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