



2008–2009 PARENT MONTHLY INCOME & EXPENSE/PROJECTED YEAR INCOME DECLARATION

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Student's Name _____ Student's USC ID Number _____
Last First

Student's Social Security Number _____ Student's Date of Birth _____
Month/Day/Year

Section 1: Parent Income

Parent: Please list all sources of income that are used to meet living expenses. Do not list income used to meet business or rental property expenses.

Note: If your total 2008 yearly income will be significantly less than your 2007 income, please attach a letter explaining the specific circumstances/reasons for the change in income (if one has not been previously submitted). Also provide the following required documentation:

- Letter from employer(s) indicating: date of termination, reduction in hours worked, reduction in salary/wages
- Copy of most recent pay stub (including 2008 year-to-date earnings)
- Copy of last pay stub from previous employment (including 2008 year-to-date earnings)
- Statements from (if applicable): Social Security Administration, Public Assistance Agencies, State Unemployment Compensation Office, State or Private Disability Insurance Agencies

SOURCE OF INCOME	AVERAGE AMOUNT PER MONTH IN 2007	AVERAGE AMOUNT PER MONTH IN 2008
Father's wages/salary/tips (Attach W-2 form or pay stub)	\$ _____	\$ _____
Total to date for 2008: \$ _____ Estimate for remainder of 2008: \$ _____		
Mother's wages/salary/tips (Attach W-2 form or pay stub)	\$ _____	\$ _____
Total to date for 2008: \$ _____ Estimate for remainder of 2008: \$ _____		
Interest/dividends	\$ _____	\$ _____
Net income from business or farm (gross income minus business/farm expenses)	\$ _____	\$ _____
Capital gains	\$ _____	\$ _____
Net rental/partnership/royalties/trust income (gross income minus expenses)	\$ _____	\$ _____
Social Security (include benefits for dependent children as well as yourself)	\$ _____	\$ _____
Pensions/annuities	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Severance pay/vacation pay/sick pay	\$ _____	\$ _____
Workers' compensation/disability benefits	\$ _____	\$ _____
Temporary Assistance for Needy Families (TANF)	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____
Veterans' noneducational benefits	\$ _____	\$ _____
Cash support or money paid on your behalf: _____ <small style="margin-left: 150px;">(Please specify source of support: name/relationship)</small>	\$ _____	\$ _____
Housing, food and other living allowances for military, clergy and others <small>(include cash payments and value of benefits)</small>	\$ _____	\$ _____
Payments made to tax deferred accounts such as IRA, KEOGH, 401(k), 403(b)	\$ _____	\$ _____
Personal loans/credit card advances	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME <small>(If your monthly income is not equal to or greater than your expenses, please explain on an attached sheet.)</small>	\$ _____	\$ _____

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Section 2: Parent Expenses

Parent: Next to each item, fill in the dollar amount of your family's average monthly living expenses. If your family shares living expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Report only your family's living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES. Fill in all items. If an item does not apply, indicate this by writing "n/a."

- Does the family share living expenses with others? Yes No

If, YES, with whom? Please indicate name and relationship: _____

- Does the family pay rent? Yes No
- Does the family pay mortgage? Yes No If YES, are payments current? Yes No
- If family pays neither rent nor mortgage, please explain: _____

MONTHLY EXPENSES:	AVERAGE AMOUNT PER MONTH IN 2007	AVERAGE AMOUNT PER MONTH IN 2008
Home mortgage/rent (Do not include insurance, property tax or mortgage on rental properties)	\$ _____	\$ _____
Property tax	\$ _____	\$ _____
Home maintenance (gardener, house cleaner, pool, etc.)	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____
Utilities (gas, electric, water, heating, etc.)	\$ _____	\$ _____
Phone, cable, internet	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Child care	\$ _____	\$ _____
Private, elementary/secondary school tuition	\$ _____	\$ _____
Insurance (home, car, health, life, etc.)	\$ _____	\$ _____
Medical/health expenses NOT covered by insurance	\$ _____	\$ _____
Gasoline and auto maintenance or public transportation	\$ _____	\$ _____
Car payments (Make: _____ Year: _____)	\$ _____	\$ _____
(Make: _____ Year: _____)	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Repayment of parents' educational loans	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

Certification:

I/we affirm that all the information on this form is true and correct to the best of my/our knowledge. I/we understand that USC may verify all estimates of income at year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid overaward. Signatures are required for all persons reporting income/expenses above.

Father's/Stepfather's Signature _____

Date _____

Mother's/Stepmother's Signature _____

Date _____