

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 2024. 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, 2025 to December 31, 2025, along with your most recent 2025 paystub or pay statement:

| | |
|---|----|
| How much will parent 1 earn by working from January 1, 2025 to December 31, 2025? | \$ |
| How much will parent 2 earn by working from January 1, 2025 to December 31, 2025? | \$ |
| Parent 1 taxable income (other than earned wages) expected from 1/1/25 to 12/31/25. | \$ |
| Parent 1 unemployment compensation, interest income, severance compensation, etc. | \$ |
| Parent 2 taxable income (other than earned wages) expected from 1/1/25 to 12/31/25. | \$ |
| Parent 2 unemployment compensation, interest income, severance compensation, etc. | \$ |

3. Parents' nontaxable income from 1/1/25 to 12/31/25 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