



2023–2024 PARENT INCOME & EXPENSE DECLARATION FORM

Student's Name: _____

Scripps Student ID: _____

Section 1: Parent Income

Parent: Please list ALL sources of income that are used to meet living expenses, including foreign income. Please report all figures in US dollars and as whole numbers rounded to the nearest dollar. If an item does not apply, enter "n/a" in the space provided.

This Parent Income & Expense Declaration includes information for: Both parents Father only Mother only Noncustodial Parent Stepfather Stepmother Legal Guardian

SOURCE OF INCOME	MONTHLY AVERAGE IN 2022	MONTHLY AVERAGE IN 2023
Gross wages/salary/tips of Parent 1 (Excluding severance pay and tax-deferred income)	\$ _____	\$ _____
Total to date for 2023: \$ _____ Estimate for remainder of 2023: \$ _____		
Gross wages/salary/tips of Parent 2 (Excluding severance pay and tax-deferred income)	\$ _____	\$ _____
Total to date for 2023: \$ _____ Estimate for remainder of 2023: \$ _____		
Net income from business or farm (gross income minus business/farm expenses)	\$ _____	\$ _____
Net income from rentals, partnerships, royalties, trusts, or corporations (gross income minus expenses)	\$ _____	\$ _____
Interest/dividends	\$ _____	\$ _____
Capital gains	\$ _____	\$ _____
Social Security (Include benefits for dependent children as well as yourself.)	\$ _____	\$ _____
Pensions/annuities	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Date Benefits Start _____		
Date Benefits End _____		
Severance pay	\$ _____	\$ _____
Workers' compensation/disability benefits	\$ _____	\$ _____
Temporary Assistance for Needy Families (TANF)	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____
Veterans' noneducational benefits	\$ _____	\$ _____
(Please specify source) _____		
Money received or paid on your behalf: _____	\$ _____	\$ _____
(Please specify source of support: name/relationship.)		
Housing, food and other living allowances from your employer	\$ _____	\$ _____
(Include cash payments and value of benefits.) Indicate: [] military [] clergy [] other		
Payments made to tax deferred accounts pension and saving plans, such as IRA, KEOGH, 401(k), 403(b)	\$ _____	\$ _____
Personal loans	\$ _____	\$ _____
(Please specify source)	(Please specify source)	
Credit card advances	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
(Please specify source)	(Please specify source)	
TOTAL MONTHLY INCOME	\$ _____	\$ _____

(If monthly income is less than expenses, attach an explanation and documentation to show how remaining expenses are met, or documentation of amounts past due.)



2022-2023 PARENT INCOME & EXPENSE DECLARATION FORM

Student's Name: _____

Scripps Student ID: _____

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. Please report all figures as whole numbers rounded to the nearest dollar. 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, enter "n/a" in the space provided.

- Does the family share living expenses with others? ... If YES, with whom? Please indicate name and relationship: ...
• Does the family pay rent? ...
• Does the family pay mortgage? ...
• If family pays neither rent nor mortgage, or if mortgage payments are not current, please explain: ...

Table with 3 columns: MONTHLY EXPENSES, AVERAGE AMOUNT PER MONTH IN 2022, AVERAGE AMOUNT PER MONTH IN 2023. Rows include Child Support paid, Home mortgage/rent, Property tax on primary residence, Food and household supplies, Utilities, Phone, cable, Internet, Clothing, Child care, Private, elementary/secondary school tuition, Insurance, Medical/health expenses, Gasoline and auto maintenance, Car payments, Credit card payments, Personal loan payments, Other, and 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 Scripps 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 over award. Signatures are required for all persons reporting the income/expenses above.

Parent 1 Printed Name/Signature _____

Date _____