UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
OFFICE OF FINANCIAL AID
FINANCIAL INFORMATION FROM NON-US CITIZEN PARENT(S) LIVING ABROAD
2017-2018

**NOTE: You do not have to complete the <u>CSS Parent Profile</u> if you are submitting this form. **

1.
    Student Applicant's Name   **Social Security Number**

2.   **Parent(s)' Names and Addresses:**

3.   **Parents' current marital status?**

4.   **<u>Parent(s)' Family Member Listing</u>**

LIST ONLY THE STUDENT APPLICANT AND THOSE FAMILY MEMBERS THE STUDENT APPLICANT'S PARENTS WILL SUPPORT FOR THE 12-MONTH PERIOD July 1, 2016 - June 30, 2017

Full Name of family member	Relationship to the student applicant	Age	Attend college at least one term in Academic Year 2016-2017 (Yes or No)	Name of College or University
Student Applicant name:	SELF		Yes	UMass Medical School

6.   Information about Parents' Assets

Asset	Current Value: Home Currency	Current Value: US $ Equivalent	Currently Owed on it: Home Currency	Currently Owed on it: US $ Equivalent	Year Purchased:
Home					
Other Real Estate					
Farm					
Business					
Cash & Savings					
Stocks					
Bonds					
Other					

7.   Information about Parents' Income

	Home Currency	US $ Equivalent
Father's Wages		
Father's Self-employment		
Mother's Wages		
Mother's Self-employment		
Interest		
Dividends		
Other Taxable Income (Please specify kind.)		
Non-taxable Income (Please specify kind.)		
State/Provincial/Regional Taxes Paid		
Municipal Taxes Paid		

8.   Certifications:

If the student applicant's parents have not, will not, and are not required to file income tax returns in their home country, have them check all statements that apply. If parent(s) are required to file non-US income tax returns for 2015, please attach a copy of all pages.

_____   I, the father of the applicant for financial aid, did not, will not, and am not required to file a **non-US** income tax return for 2015.

_____   I, the mother of the applicant for financial aid, did not, will not, and am not required to file a **non-US** income tax return for 2015.

By signing this form I (We) certify that all information provided on this form is true and complete.

_____   _____

Father   Date

_____   _____

Mother   Date