



## FAMILY FINANCIAL INFORMATION

## STUDENT INFORMATION

Aid Year: 23/24

LLU ID# or Social Security Number: \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Mailing Address: Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

## PARENT INFORMATION

Complete this form if your parent(s) do not live within the U.S. and they are not required to file a 2021 U.S. Federal Income Tax Return.

**IMPORTANT:** If your parent(s) are single, married/remarried, separated/divorced, or widowed, answer the questions using the parent with whom you have lived with the most during the past 12 months (If you did not live with a parent, give answers for the parent who provided more financial support during the most recent year that parental support was given).

**If your parent is remarried, answer the questions about that parent and your stepparent.**

- What is your parent(s) marital status as of today? (Select only one box)  
\_\_\_\_ Single, \_\_\_\_ Married/Remarried, \_\_\_\_ Separated/Divorced, \_\_\_\_ Widowed, \_\_\_\_ Other (explain) \_\_\_\_\_
- Month and year parent(s) were married, separated, divorced, widowed, or other: \_\_\_\_\_ / \_\_\_\_\_  

Father's name: _____	Mother's name: _____
Age: _____	Age: _____
Address: _____	Address: _____
Occupation/Title: _____	Occupation/Title: _____

## FAMILY HOUSEHOLD INFORMATION

**List the people in your parent(s) household, include:**

- your parent(s) (include stepparent if remarried);
- your parent(s) children, if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024 and
- any other people if they now live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

If you need more space, attach a separate page.

Full Name	Age	Relationship	Country of Residence

If you have any questions please email [Finaid@llu.edu](mailto:Finaid@llu.edu) or call (909) 558-4509

**LOMA LINDA UNIVERSITY**



## FAMILY FINANCIAL INFORMATION

## HOUSEHOLD COLLEGE INFORMATION

AID YEAR: 23/24

Write the names of all household members listed on page 1 that will attend college at least half-time between July 1, 2023 and June 30, 2024.

Full Name	College	Country

## FINANCIAL INFORMATION

- How many people depend on the income of your parent(s) for daily living expenses? \_\_\_\_\_
- What is the current exchange rate of their country's currency to the U.S. dollar?
  - Currency name: \_\_\_\_\_
  - Exchange rate: \_\_\_\_\_
- Are your parent(s) required to file a U.S. federal income tax return? ☐ No ☐ Yes, (attach federal tax return)
- Are your parent(s) required to file a foreign income tax return or do they receive an official statement of income?  
☐ No ☐ Yes, (attach signed copies -- translate if necessary)
- List your parent(s) total annual income for 2021 (convert to U.S. dollars):

	Income from work and/or businesses	Other income (i.e., pensions, social security, etc.)	Support from family/friends	Total Income
Father	\$	\$	\$	\$
Mother	\$	\$	\$	\$

- What is your parent(s) total current balance of cash and savings (convert to U.S. dollars)? \$ \_\_\_\_\_
- What is the net worth of your parent(s) investments and assets, including real estate other than their primary residence?  
Net worth is current value minus debt. (convert to U.S. dollars). \$ \_\_\_\_\_
- If your parent(s) own a business, complete the following section:
  - Name of business: \_\_\_\_\_
  - 2021 income of business: \$ \_\_\_\_\_
  - Net worth of business: \$ \_\_\_\_\_
  - Number of people employed by the business: \_\_\_\_\_

## REQUIRED SIGNATURES

By signing this worksheet, I certify that I have read this form in its entirety and that all the information reported on this worksheet is complete and correct. I realize that I may be asked to provide supporting documentation to verify the reported information.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mail form to: LLU Office of Financial Aid, 11159 Anderson St., Loma Linda, CA 92350, or Fax to: (909)558-4283

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