

FAMILY FINANCIAL INFORMATION

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STUDENT INFORMATION

AID YEAR: 26/27

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 2024 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.

1. What is your parent(s) marital status as of today? (Select only one box)

☐ Single, ☐ Married/Remarried, ☐ Separated/Divorced, ☐ Widowed, ☐ Other (explain) _____

2. Month and year parent(s) were married, seperated, 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:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s). Exclude a parent who has died or is not living in the household due to separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment)
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - They live with the student's parents,
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.

[illegible]



FAMILY FINANCIAL INFORMATION

HOUSEHOLD COLLEGE INFORMATION

AID YEAR: 26/27

Write the names of all household members listed on page 1 that will attend college at least half-time between July 1, 2026 and June 30, 2027.

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 2024 (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: _____
 - 2024 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

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

LOMA LINDA UNIVERSITY