

## Financial Information for Parent(s) Living Abroad 2018-19

### 1. Student's Information

Name \_\_\_\_\_ Class \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_

### 2. Student's Financial Aid History

Please complete the chart below pertaining to assistance prior to WCM.

Name of College Attended	Tuition and Fees	Living Expenses	Scholarships & Gift Aid received	Loans	Parents' Contribution
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

### 3. Parent(s) Information

**Parent 1:** Country of Residence/Citizenship: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Permanent Address \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

**Parent 2:** Country of Residence/Citizenship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Permanent Address \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

### 4. Parent(s) Marital Status (check one):

Married  Separated/Divorced  Widowed  Not married but living together  
 Remarried, who is?  Parent 1  Parent 2  Both

### 5. List all family members that depend on the income of parent(s) for daily living expenses: (Do not include student)

Name	Age	Relationship to parent	In College in 17-18?	Yr in school	Yearly Expenses for Individual	Yearly expenses for college, if applicable
					\$	\$
					\$	\$
					\$	\$
					\$	\$

### 6. Parent(s) Financial Information:

- a) What documentation will the parent(s) be providing to verify parental income and assets?
- Tax Forms (Foreign returns required. Provide translations and currency conversions US\$)
  - Statement from employer. (Provide translations and currency conversions US\$, if applicable)
  - Other (Specify) \_\_\_\_\_ (Provide translations and currency conversions US\$, if applicable)

Non-income tax filer(s). (Must complete Q#7 below)  
 Provide further explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b) What is the parents' country's currency? \_\_\_\_\_  
 c) What is the exchange rate for above country's currency to U.S. dollars? \_\_\_\_\_  
 d) Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? \_\_\_yes  
 \_\_\_no If yes, describe restrictions: \_\_\_\_\_

**7. Parent(s) Income Information:**

During 2016, how much of parents' household income (before taxes or expenses) came from the following sources (in U.S. dollars)?

Source of Income	Parent 1	Parent 2
Work	\$	\$
Business	\$	\$
Real Estate	\$	\$
Pension/Annuity/Retirement	\$	\$
Interest/Dividends	\$	\$
Housing, food, other living allowances	\$	\$
Family members/friends	\$	\$
Other (explain)	\$	\$

**8. Did parent(s) pay taxes in 2016?**

- Yes \$ \_\_\_\_\_  
 No

**9. Parent(s) Asset Information:**

- a) Do parent(s) own a home abroad? \_\_\_yes \_\_\_no (if yes, complete below)

Current Value	Current Debt	Purchase Year	Purchase Price

- b) Do parent(s) own other real estate properties and/or land abroad?

Property Location/Address	Year Acquired	Current Value	Current Debt	Purchase Price

- c) Do parent(s) own a business and/or farm? \_\_\_yes \_\_\_no  
 d) Does this business/farm own any real estate and/or land? \_\_\_yes \_\_\_no (if yes, complete below). *Do not include personal property here.*

Business/Farm Location/Address	Year Acquired	Current Value	Current Debt	Purchase Price

- e) What is the TOTAL NET WORTH of this business/farm? (Net Worth = Value **MINUS** Debt)

Value	Debt	= Net Worth
\$	\$	\$
\$	\$	\$

f) List the current value of family assets (in U.S. dollars):

Source of Asset	Amount
Savings	\$
Investments (not retirement)	\$
Land/buildings (other than home or business)	\$

**10. Parent(s) Personal Expenses:**

How much did parent(s) spend on the following expenses during 2016 (in U.S. dollars)?

Utilities	\$	Auto maintenance	\$
Food	\$	Health Insurance	\$
Clothing	\$	Property Insurance	\$
Household necessities	\$	Entertainment	\$
Medical Expenses	\$	Vacations	\$
Educational Expenses	\$	Servants	\$
Loan payments	\$	Other (specify/explain)	\$

**11. Additional Information or Special Circumstances:**

**Certification & Signatures**

We declare that the information on this form is true, correct, and complete. The institution has our permission to verify the information reported by obtaining documentation. Providing false information will jeopardize a student's financial aid.

Signature of Parent 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Return form to:**

**Office of Financial Aid** 1300 York Avenue, Room C-114, New York, NY 10065 | Fax: 212-746-5981  
 Email: [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu)