



Dental Institutional Application for Non-custodial Parent(s)
Academic Year 2019-2020

Continuing students: Turn in to UCLA School of Dentistry Financial Aid Office by the **deadline of March 2, 2019.**

This form is to be completed by the **Non-custodial parent(s)** of the student listed below.

This form is used by UCLA School of Dentistry to evaluate the financial strength of the student’s custodial parent. It is the school’s policy to require both parents to contribute to college costs to the extent they are able, regardless of their current marital status. Determination of need for financial aid will be based on the information provided from both parents.

Student’s Last Name _____ First Name _____
 UCLA 9-digit ID# _____ Class of _____

Section 1: Non-custodial parent information

If your non-custodial parent FILED a 2017 Income Tax Return, please select ONE of the boxes below:

- Check here if you used IRS Data Retrieval Tool (DRT) at www.fafsa.gov. Please check Documents Request page on MyUCLA to determine if you are required to submit your 2016 tax transcripts. *Note: DRT is not available to CA Dream applicants.*
- Check here if you are submitting a complete copy of your and/or your spouse’s 2017 Tax Return Transcript. See instructions on how to obtain a IRS Tax Return Transcript on the Instruction Page.

If your non- custodial parent did NOT file a 2017 Income Tax Return, please select ONE of the boxes below:

Note: You are **REQUIRED** to submit a Verification of Non-Filing Letter from the IRS to our office. See instructions page on how to obtain IRS Verification of Non-Filing Letter.

- Check this box if you and your spouse (if applicable) certify that you were not required to file a 2017 Income Tax Return and did **NOT** receive any forms of income.
- Check this box if you and your spouse (if applicable) certify that you were not required to file a 2017 Income Tax Return and did receive income. Please list any income you received in the space provided below (working, self employment, etc.) **Attach a copy of your W2 or 1099 for each amount listed below.**

Employer’s Name/Source of Income	2017 Amount Earned
Ackerman Union (example)	\$2,000 (example)

Non-custodial parent (must circle one): **Father** **Mother** **Guardian**

Name _____ Age: _____ Phone # _____
 Street Address _____ Email _____
 City, State, Zip Code _____
 Occupation/Title _____
 Employer _____

Student UID# _____

NCP

Non-custodial parent's spouse, if applicable (must circle one): **Father** **Mother** **Stepparent**

Name _____ Age: _____ Phone # _____

Occupation/Title _____ Email _____

Employer _____

Please list your non-custodial parent(s) and their dependents for the 2019-2020 academic year below. Include yourself, your non-custodial parent(s), and your non-custodial parent(s) other dependent children. Include other people only if they will live with and will receive at least half of their support from your non-custodial parent(s) during the entire period from 7/1/19 to 6/30/20.

Full Name	Age (as of 12/31/19)	Relationship To Student	Name of College (Attending at Least Half-Time During 19-20)	Graduate Student Y/N
		Self	UCLA School of Dentistry	Yes

Section 2: Non-Custodial Parent's Statement of Resources

Please list all sources of income from **January 1, 2017 to December 31, 2017**. **Do not leave blank if not applicable, please enter \$0.**

TYPES OF RESOURCES	2016
Gross Income from employment - Father (non-custodial)	
Gross Income from employment - Mother (non-custodial)	
Interest and Dividend Income	
Unemployment benefits	
Worker's Compensation and/or Disability benefits	
Child support received	
Living allowances paid to military, clergy and others	
Veteran non-educational benefits	
Foreign income	
Social Security benefits	
Temporary Assistance for Needy Families (TANF)	
SNAP (formerly known as Food Stamps)/WIC/Subsidized Housing	
Other (specify):	
TOTAL ANNUAL INCOME AND RESOURCES	\$

Section 3: Parent Asset Verification**PARENTS INVESTMENTS**

Report all values as of the date your FAFSA application was completed. **Do not leave BLANK if there is no asset value to report, please answer with a "0."**

Investments include trust funds, money market funds, mutual funds, certificates of deposit (CD), stocks, stock-options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, commodities, Uniform Transfers to Minors Act (UTMA)/Uniform Gifts to Minors Act (UGMA) Custodial Accounts, Partnerships/S corporations—only report asset value if you own less than 50% of business. **Do not include the value of life Insurance and retirement plans (401[k] plans, pension funds, annuities, non-Education IRAs, Keogh plans).**

Name of Account _____ Total Asset Value \$ _____

Name of Account _____ Total Asset Value \$ _____

Name of Account _____ Total Asset Value \$ _____

PARENTS— REAL ESTATE

Include your primary residence (your home). Do not leave BLANK if there is no value to report, please answer with a "0."

Real estate such as primary residence, rental property, land and second or summer homes. The value is the current market value. Debt equals how much you owe on the property. Include the value of multifamily dwellings that you own (exclude the *portion* of a dwelling that is your principal residence).

Primary Address: _____

Current market value \$ _____ Current mortgage balance \$ _____

Address: _____

Current market value \$ _____ Current mortgage balance \$ _____

Address: _____

Current market value \$ _____ Current mortgage balance \$ _____

DECLARATION OF RESPONSIBILITY

By signing this worksheet, I certify that all information reported on this form is complete and accurate. I understand that I may be required to provide additional documentation. Purposely providing false or misleading information on this worksheet may result in an investigation by the Inspector General for Student Aid Fraud. I understand that certain awards (i.e. University Grant) are subject to availability of funds that may not be available if the form is submitted late.

Non-Custodial Parent's Signature* Date Spouse Signature* Date

**Electronic signatures are NOT acceptable.*

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INSTRUCTION PAGE

- TAX RETURN FILERS-2017 IRS Tax return transcript may be obtained through the following options:
 - ◆ Online Request: www.irs.gov. Under Tools, click on *Get a tax transcript* -> *Get Transcript ONLINE*. Be sure to request the “IRS Tax return Transcript” and NOT the “IRS Tax Account Transcript” and select “2017” in the Tax Year field.
 - ◆ Telephone Request: Call 1-800-908-9946
 - ◆ Paper Request Form: IRS Form 4506T-EZ or IRS Form 4506-T
- NON-TAX FILERS - 2017 IRS Verification of Non-Filing Letter may be obtained through the following options:
 - ◆ Online Request: www.irs.gov. Under Tools, click on ‘*Get a tax transcript*’ and follow the instructions
 - ◆ Paper Request: If you are unable to register online at www.irs.gov, you can print Form 4506-T from IRS website and request the verification of non-filing via mail.
 - ◆

IMPORTANT THINGS TO KNOW

- Delays in completion and submission of all financial aid documents required on Tracking Required Documents via the MyUCLA portal may result in limited funding and/or late release of the Financial Aid Notification (FAN) for the 2019-2020 school year (including summer 2019).
- Please mask first five digits of all Social Security Numbers on the documents you are submitting. Failure to do so will delay the preparation of your documentation for review and awarding.
- You may submit documents in person or via mail. Do not submit any documents through the MyUCLA online message center as we cannot access it. You must submit documents to the UCLA School of Dentistry Financial Aid Office.
- You may check the status of your financial aid by logging onto your MyUCLA portal: <http://www.my.ucla.edu>.

Do not return the instruction page to our office. It is for your reference only.