UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL OFFICE OF FINANCIAL AID FINANCIAL INFORMATION FROM NON-US CITIZEN PARENT(S) LIVING ABROAD 2024-2025

Student Applicant's Name	Social Security Number
Parent(s)' Names and Addresses:	
Parents' current marital status?	

4. Parent(s)' Family Member Listing

LIST ONLY THE STUDENT APPLICANT AND THOSE FAMILY MEMBERS THE STUDENT APPLICANT'S PARENTS WILL SUPPORT FOR THE 12-MONTH PERIOD July 1, 2024 - June 30, 2025

Full Name of family member	Relationship to the student applicant	Age	Attend college at least one term in Academic Year 2024-2025 (Yes or No)	Name of College or University
Student Applicant name:	SELF		Yes	UMass Chan 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	Currency	Equivalent	Home currency	CS & Equivalent	
Other Real Estate					
Farm					
Business					
Cash & Savings					
Stocks					
Bonds					
Other					

7. Information about P	arents' Income		8. Certifications:	
	Home	US\$		
	Currency	Equivalent	If the student applicant's parents have not, will not, and are	not required to file income tax returns
Parent 1's Wages		_	in their home country, have them check all statements that a	apply. If parent(s) are required to file
Parent 1's Self-employment			non-US income tax returns for 2022, please attach a copy of	f all pages.
Parent 2's Wages				
Parent 2's Self-employment				
Interest			I, Parent 1 of the applicant for financial aid	
Dividends			required to file a non-US income tax return	1 for 2022.
Other Taxable Income			I December 2 of the conditional for financial cite	4:4
(Please specify kind.)			I, Parent 2 of the applicant for financial aid	
			required to file a non-US income tax return	1 10f 2022.
Non-taxable Income				
(Please specify kind.)				
			By signing this form I (We) certify that all information p	provided on this form is true and
			complete.	
G				
State/Provincial/Regional				
Taxes Paid			Parent 1's signature	Date
Municipal Taxes Paid				
			Parent 2's signature	Date
			Parent 2's signature	Date