

Office of Financial Aid  
Priority Deadline: **March 26<sup>th</sup>**

FAFSA School Code: **E00520**

136 Harrison Avenue  
Boston, MA 02111  
Tel: 617-636-6574  
Fax: 617-636-3447

## 2021 – 2022 Tufts University School of Medicine Parental Information Form

**Student's Name:** \_\_\_\_\_ **TUSM ID # (if known)** \_\_\_\_\_

Students who wish to apply for Tufts University institutional assistance and/or Title VII financial assistance **MUST** submit comprehensive parental information. Please do not leave any question blank. Statements containing "you" refer to the parent(s) completing this form. Please remember that the FAFSA must include parental information.

**If natural parents are not together:** Only one parent is able to include information on the student's FAFSA, but each natural parent must submit a separate Parental Information Form. If parents have remarried, they must also provide their current spouse's information on this form and submit tax returns, if filed separately.

### 1. Parent Info:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current marital status of parent completing application: \_\_\_\_\_

Month/Year of marriage, divorce, etc. (if applicable): \_\_\_\_\_

Address (no PO box): \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. List people who reside with parents and receive more than 50% total support. Typically, those over 24 years old and/or in graduate school are not considered unless extenuating circumstances exist. Attach a separate page if more space is necessary.**

Name	Age	Relationship to TUSM Student	College Attending in 2021-22 (if any)	Undergraduate Or Graduate & Degree or Certificate (if any)	Expected Graduation Date (if any)	% of total support to be provided in 2021-22 <i>DO NOT LEAVE BLANK</i>

3. Please indicate the amount you expect to contribute towards the applicants 2021-22 educational expenses (tuition, fees, room and board, books, miscellaneous). \$ \_\_\_\_\_

4. Do you authorize financial aid staff to discuss your information with the student?  Yes  No

If "No" is checked, or the question is left blank, this will prevent the Office of Financial Aid from discussing any specific parental financial information with the student but will not affect aid eligibility.

5. Tax Filing Status – Please check ONE:

A **SIGNED** copy of all pages of my/our 2019 Federal income tax return(s) with all schedules and W-2's are enclosed.

- **STATE TAX RETURNS ARE NOT ACCEPTED AND WILL BE SHREDDDED.**
- **If submitting foreign taxes, please ensure they've been translated to English and converted to U.S. dollars. The exchange rate must be based on the date the FAFSA was filed.**

A **SIGNED** copy of all pages of my/our 2019 Federal income tax return(s) with all schedules and W-2's will be sent at a later date.

- **I understand that all information must be received by the March 26<sup>th</sup> deadline to be considered on time. Exceptions to the March 26<sup>th</sup> deadline will not be made for late tax returns. Financial aid offers will not be made based on estimated tax returns or on a tax year other than 2019.**

I/we did not file and was (were) **not required** to file a 2019 Federal income tax return. I have completed the information in the table pertaining to any untaxed income I/we received in calendar year 2019:

Income	Employer

6. Untaxed Income or Benefit:

- a) Did you or your spouse **receive** untaxed Social Security benefits in calendar year 2019?  
 No  Yes, \$ \_\_\_\_\_
- b) Did you or your spouse **receive** any Public Assistance (i.e. Welfare Benefits, Food Stamps/Supplemental Nutrition Assistance Program (SNAP) in 2019?  
 No  Yes, \$ \_\_\_\_\_
- c) Did you or your spouse **receive** child support in calendar year 2019?  
 No  Yes, \$ \_\_\_\_\_
- d) Did you or your spouse **receive** any other untaxed income in calendar year 2019 not listed above?  
 No  Yes\* (complete chart)

*Source of Untaxed Income	*Amount

- e) Did you or your spouse **pay** child support in calendar year 2019?  
 No  Yes\* (complete chart)

*Name of child for whom support was paid	*Person whom you made payment to	*Amount of child support paid
		\$
		\$
		\$

**7. Primary Residence and Real Estate:**

When considering your primary residence, please indicate your:

Own      **OR**       Rent

If you own your home:

- a) Year home was purchased: \$ \_\_\_\_\_
- b) Purchase Price: \$ \_\_\_\_\_
- c) Estimated value today: \$ \_\_\_\_\_
- d) Mortgage balance (if any): \$ \_\_\_\_\_

e) Do you own additional real estate (NOT YOUR PRIMARY HOME)?     No     Yes (complete chart)

**\*Attach a copy of any mortgage/home equity statement(s) for additional real estate properties owned**

Address of Property or Description	Purchase Price	Purchase Year	Current value	Mortgage Balance	% of Ownership

**8. Assets:**

List total value of Cash, Savings, and Checking accounts as of the date the FAFSA was filed by completing the box below. **DO NOT LEAVE ANY QUESTION BLANK. IF \$0, PLEASE INDICATE SUCH:**

	Cash, Savings, and Checking accounts	Stocks, Bonds, and CDs (excluding retirement, primary residence, other real estate, and trusts)	Other Investments (not already included. If you are a beneficiary of a trust you may be required to submit Trust documentation to the Office of Financial Aid if requested.)
<b>Total Value</b> as of the date the FAFSA was filed.	\$ _____	\$ _____	\$ _____

**9. Business Ownership:**

Do you (or your spouse) have partial or full ownership of a business?

No       Yes \*If yes, please answer the questions below. The Office of Financial Aid will notify you if a copy of your business tax return is required.

Name of business: \_\_\_\_\_

Type of business:       Sole proprietor       Partnership       Corporation

Describe principal product or service: \_\_\_\_\_

What is the total net worth of business? \$ \_\_\_\_\_

Names of owners & partners (include yourself)	The owner/partner's relationship to the applicant	Percentage of ownership

I/We have read and understand of the questions above and have answered them accurately, completely and to the best of my/our knowledge. By signing this form, I/we certify that the information reported to qualify for Tufts University Institutional Assistance is correct and complete and I/we will provide all requested documents (including my/our 2019 Federal Income Tax Returns and/or Federal Business Tax Returns if required). If I/we purposely give false or misleading information on this form or any other financial aid application materials, I/we understand that I/we may be reported to authorities for fraud and institutional assistance previously awarded to the student may be rescinded.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application material can be submitted securely online in PDF format, via [Tufts Med FA Box Drive](#). You may also submit via:

\*Mail Application to: Tufts University School of Medicine  
Office of Financial Aid  
136 Harrison Avenue  
Boston, MA 02111

Fax Materials to: (617) 636-3447

-or-

*\*\*Please include student's name & ID number on each page that is faxed\*\**

Parent Application Checklist:

- Parent Portion of FAFSA
- Parent Information Form(s)
- Parent Signed 2019 Federal Tax Returns (all schedules)
- Parent 2019 W2 Statements
- Parent mortgage and/or Home Equity statement for secondary property (not primary home)

**PLEASE NOTE: IT IS NOT SAFE TO SEND PERSONAL IDENTIFIABLE INFORMATION VIA EMAIL. DROP BOX OR FAX IS PREFERRED.**

**\* MAILED SUBMISSIONS WILL DELAY PROCESSING TIME. IF SENDING MATERIALS VIA USPS, WE STRONGLY ENCOURAGE YOU TO DO SO AT LEAST TWO WEEKS PRIOR TO THE DEADLINE.**