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The Health Professions Student Loan Program (HPSL) and the Loans for Disadvantaged Students Program (LDS) are need-based federal loan programs that provide long-term, low-interest rate loans to students in the Doctor of Medicine and Doctor of Dental Surgery programs. The HPSL and LDS programs are funded by the Health Resources and Services Administration (HRSA) and Bureau of Health Professions and are offered on a first come, first serve basis to those who qualify.

Applicants are required to submit the Parent Income & Resource Certification form in addition to reporting parent data and financial information on the Free Application for Federal Student Aid (FAFSA). Unless the parent(s) are deceased, a student who does not provide parent information will not be considered for HPSL or LDS funds. **Important Note: The instructions below apply to the parent.**

Submit forms using **ONE** of the following methods:

- Online:** Log on to myUTH, click on the Document Center tile. In the "Upload Additional Documents" section, under "What type of document would you like to upload?" select "FA Unsolicited Documents". Under "Select the document from the list", choose the type of document you wish to upload, follow instructions to attach document, then click Submit.
- In Person:** UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030

A. STUDENT DATA

Student Last Name First Name Middle Initial

Student Program

B. PARENT DATA

Parent Last Name First Name Middle Initial

Relationship to Student

Parent Date of Birth

State of Legal Residency

☐ Married _____ ☐ Separated _____ ☐ Divorced _____ ☐ Widowed _____
Date Date Date Date

C. PARENT TAX FILER

Complete this section if the student's parent(s) filed a 2015 IRS Income Tax Return then skip to sections E through G.

- ☐ The parent(s) used the IRS Data Retrieval Tool (IRS DRT) to transfer **2015** IRS Income Tax Return information into the student's FAFSA did not change any data
- ☐ The parent(s) will update the student's FAFSA with **2015** IRS Income Tax Return information using the IRS DRT on www.fafsa.ed.gov
- ☐ The parent(s) is/are not eligible for or chose not to use the IRS DRT. The parent(s) will request and submit to the school a **2015** IRS Tax Return Transcript. If parents filed separate income tax returns, both tax transcripts are needed

An IRS Tax Return Transcript may be obtained through:

- Online Request** – Go to www.irs.gov under the Tools heading on the IRS homepage; click "Get a Tax Transcript by Mail." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."
- Telephone Request** – 1-800-908-9946
- Paper Request Form** – IRS Form 4506T-EZ or IRS Form 4506-T

☐ The parents have been granted a Tax Filing Extension by the IRS and will provide the following documents:

- A copy of the IRS Form 4868, "Application for Automatic Extension of Time to File U.S. Individual Income Tax Return", that was filed with the IRS for tax year 2015;
- A copy of the IRS's approval of an extension beyond the automatic six-month extension if the student requested an additional extension of the filing time for the tax year 2015; and
- A copy of IRS Form W-2 for each source of employment income received for tax year 2015 and if self-employed, a signed statement certifying the amount of my Adjusted Gross Income (AGI) and the U.S. income tax paid for tax year 2015.

D. PARENT TAX NON FILER

Complete this section if the parent(s) did not file or are not required to file a 2015 IRS Income Tax Return then continue to sections E through G

- ☐ Neither parent was employed nor had any income earned from work in 2015
- ☐ One or both parents were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided.

Provide copies of all 2015 IRS W-2 forms issued to the parents by their employer(s). List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page.

Employer's Name	Annual Amount Earned in 2015	IRS W-2 Provided?

E. PARENT INCOME AND ASSETS

List all sources of earned and untaxed income and benefits that you and your spouse (if married) received in 2015. If earnings are from outside the United States, all earnings must be converted to U.S. Dollars. Enter "0" when appropriate. Do not leave any items blank. Provide copies of all 2015 IRS W-2 forms issued to you and your spouse (if married) by your employer.

Earned Income (wages, salaries, tips, etc.) – Parent 1	\$	(a)
Earned Income (wages, salaries, tips, etc.) – Parent 2	\$	(b)
Untaxed Unemployment Compensation	\$	(c)
Supplemental Nutrition Assistance Program (SNAP)	\$	(d)
Temporary Assistance for Needy Families (TANF)	\$	(e)
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$	(f)
<input type="checkbox"/> Social Security <input type="checkbox"/> Disability Benefits	\$	(g)
Child Support <i>received</i> for all children	\$	(h)
Other untaxed income and/or earnings Source: _____	\$	(i)
Total <i>current</i> balance of cash, savings and checking accounts	\$	(j)
Net worth of investments, including real estate <i>(not your primary residence)</i> Net worth means current value minus debt	\$	(k)
Net worth of current business and/or investment farms (Do not include a farm on which you live and operate)	\$	(l)
Add columns (a) through (l)	\$	TOTAL

F. PARENT HOUSEHOLD INFORMATION

List the names of all family members for whom you support below. *Include the UT student even if they do not live with you or you do not support him/her.*

If more space is needed, attach a separate page.

Full Name of Household Member	Age	Relationship to Parent	College Attending
		<i>Self</i>	
		<i>Spouse</i>	
		<i>UT Student</i>	

G. CERTIFICATION AND SIGNATURE

Signing below certifies the information reported on this worksheet is complete and correct. The parent whose information was reported on this form and the FAFSA must sign and date below.

Parent Signature *(no electronic signatures accepted)*

Date

Student Signature *(no electronic signatures accepted)*

Date