



Financial Aid and Scholarships
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435
Phone: 310-206-0400

2018-2019 DOMESTIC PARTNER FORM

Name: Last _____ First _____ UID# _____

Please check this box if you will be enrolled in at UCLA for Summer 2018.

For the purpose of determining eligibility for university and state aid, the state of California recognizes Registered Domestic Partnerships under the CA Domestic Partner Rights and Responsibilities Act (AB 205). If you or your parent were registered as Domestic Partners at the time you completed your 2018-2019 FAFSA or Dream Application you can request a re-evaluation of your financial aid eligibility.

Please complete all steps outlined below and do not skip any steps.

1. Please check the appropriate box below:

I, the student, am registered in a domestic partnership.

My custodial parent is registered in a domestic partnership.

2. Please submit one of the following (documentation in this section does not need to be submitted if it was provided in a previous year):

- A "Declaration of Domestic Partnership" form filed with the state and stamped by the secretary of state's office, **or**
- A "Certificate of Domestic Partnership" available upon request from the CA Secretary of State Office, **or**
- The equivalent documentation verifying a legal union entered into outside of CA.

3. Also provide:

- Partner's 2016 income/asset information on page 2 of this form and the worksheets on page 3 (if applicable), **and**
- Partner's 2016 federal tax return transcripts (including all W-2s). If tax returns not filed, complete the Statement of Non Filing on page 2.

4. Return all documentation to the Financial Aid and Scholarships at:

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Domestic Partner's Income and Asset Information:

What was your partner's Adjusted Gross Income (AGI) for 2016? IRS Form 1040 – line 37; 1040A – line 21; 1040EZ – line 4	\$
Enter the total amount of your partner's income tax paid for 2016? IRS Form 1040 – line 56; 1040A – line 39; 1040EZ – line 10	\$
Enter your partner's exemptions for 2016 IRS Form 1040 – line 6d; 1040A – line 6d; 1040EZ – If a person checked either the "you" or "spouse" box on line 5, use 1040EZ worksheet line F to determine the number of exemptions (\$4,050 equals one exemption).	
How much did your partner earn from working (wages, salaries, tips, etc.) in 2016 Answer this question whether a tax return was filed or not. This information may be on the W-2 forms, or on IRS Form 1040 – line 7+12+18+ Box 14 (Code A) of IRS Schedule K-1 (Form1065); 1040A-line 7; or 1040EZ-line 1.	\$
Did your partner receive SNAP (formerly known as Food Stamps) in 2014 and/or 2016? Please circle the appropriate answer.	Yes No
Go to page 3 and complete the worksheets provided.	
TOTAL WORKSHEET 1	
	\$
TOTAL WORKSHEET 2	
	\$
As of the date you submitted your FAFSA, what is your partner's total current balance of cash, savings and checking accounts ? Do not include financial aid.	\$
As of the date you submitted your FAFSA, what is the net worth of your partner's investments , including real estate (not your home)? Net worth means current value minus debt.	\$
As of the date you submitted your FAFSA, what is the net worth of your partner's current businesses and/or investment farms? Do not include a farm that you live on and operate with 100 or fewer full-time or full-time equivalent employees.	\$
Is your partner enrolled at least halftime in a program that leads to a college degree or certificate? Please circle the appropriate answer.	Yes No

CERTIFICATION STATEMENT: I certify that all information reported on this page is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years.

Student/Parent Signature*

Date

Student/Parent Partner's Signature*

Date

**Electronic signatures are not acceptable*

WORKSHEET 1

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
IRA deductions and payments to self-employed SEP, SIMPLE and Keogh and other qualified plans from IRS Form 1040-total of lines 28+32 or 1040A-line 17.	\$
Child support your partner received for all children. Don't include foster care or adoption payments.	\$
Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	\$
Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
Veterans' non education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
Other untaxed income or benefits not reported elsewhere on Worksheets 1 and 2, such as worker's compensation, disability, etc. Also include the first-time homebuyer tax credit from IRS Form 1040-line 67. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
Money received , or paid on partner's behalf (e.g.,bills), not reported elsewhere on this form.	\$
WORKSHEET 1 TOTAL	\$

WORKSHEET 2

Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040-line 50 or 1040A-line 33.	\$
Child support your partner paid for 2016 because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household. <i>Please complete page 4 only if you indicated an amount for Child Support Paid for 2016.</i>	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
Taxable student grant and scholarship aid reported to the IRS in the partner's adjusted gross income . Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$
Earnings from work under cooperative education program offered by a college.	\$
WORKSHEET 2 TOTAL	\$



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2018-19 Domestic Partner Worksheet 2 (continued)
CHILD SUPPORT PAID in 2016

Name: Last _____ First _____ UID# _____

Complete these section if one of the student's parent (s) paid child support in 2016.

- The parent has indicated below the name of the person who paid child support, the name of the person to whom the child support was paid, names of the children for whom child support was paid, and the total amount of child support that was paid in 2016 for each child. If you need more space, attach a separate page that includes the student's name and student ID# at the top of the page.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2016
<i>Jane Jones</i>	Terry Smith (example)	Martin Jones	\$6,000

***Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation.**

CERTIFICATION STATEMENT: I certify that all the 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 (ex: University Grants) are subject to availability of funds that may not be available if the form is submitted late in the academic year.

Student Signature* _____ Date _____

Parent Signature* _____ Date _____

**Electronic signatures are not acceptable*