



REQUEST FOR INFORMATION ON HPL ELIGIBILITY

****Submit this information by April 1, 2024, for optimal loan consideration.
Applications submitted after April 1 will be awarded based on availability of funds****

Student Name (please print): _____ UI ID: _____

Students enrolled in the College of Dentistry or College of Pharmacy will be automatically considered for a Health Professions Loan (HPL) by completing the 2024–2025 FAFSA and by uploading this form to your Financial Aid To Do List in MyUI. Funds for the HPL are offered to students on a first-come, first-served basis. OSFA recommends students utilize the HPL before the Federal Direct Unsubsidized Loan, Federal Direct Graduate PLUS Loan, or private student loans due to the lower interest rate and no origination fee.

PARENT(S) INCOME CERTIFICATION

Parent Name: _____

A. Household and College Information: List the people who are in your household. Include:

- Your parent(s)
- If parents are divorced or separated, provide information for the parent who provided the greater portion of your financial support in the past 12 months
 - If this parent is remarried as of today, answer the questions about that parent and the stepparent
- Your parent(s) children who will receive more than half of their financial support from your parent(s) between July 1, 2024 and June 30, 2025
- Any other people who live with your parent(s) and will receive more than half of their financial support from your parent(s) between July 1, 2024 and June 30, 2025

Write the name, birthdate, and relationship of all household members below:

First and Last Name of all Household Members	Birthdate (mm/dd/yyyy)	Relationship to Student
		Self

B. Asset Information (to be completed by the parent)

	Do not leave boxes blank. If amounts are zero, write "0"
Combined total of your cash, savings, and checking accounts on the date your student filed the 2024–25 FAFSA.	\$
Net worth of your real estate and investments on the date your student filed the 2024–25 FAFSA. (Do not include the home you live in.)	\$
Net worth of your business and investment farm on the date your student filed the 2024–25 FAFSA.	\$

C. Income Information (to be completed by the parent): Do not leave any lines blank; enter "0" or "N/A" as appropriate. Tax Returns may be required if information is incomplete or inconsistent.

2022 Calendar Year Income (received January 2022 – December 2022)	Parent(s) (If you did not file a joint return with your spouse, combine your information)	Office Use Only
Income earned from work [IRS Form 1040: line 1z (or IRS Form 1040-NR: line 1a) + Schedule 1: lines 3+6]		
Tax exempt interest income [IRS Form 1040: line 2a]		
Untaxed portions of IRA distributions [IRS Form 1040: line 4a minus 4b (exclude IRA rollover)]		
Untaxed Pension Distributions [IRS Form 1040: line 5a minus 5b (exclude pension rollover)]		
Adjusted gross income [IRS Form 1040: line 11 (or IRS Form 1040-NR: line 11)]		
Income tax paid [IRS Form 1040: line 22 minus Schedule 2: line 2 (if negative, enter a zero)]		
IRA deductions and payments to self-employed SEP, SIMPLE, and qualified plans [IRS Form 1040 Schedule 1: total of lines 16+20]		
Education credits (American Opportunity and Lifetime Learning credits) [IRS Form 1040 Schedule 3: line 3]		
Child support received (<i>Report on the last full calendar year in which child support was received. Do not include foster care or adoption payments</i>)		

Certification: All the information provided on this form is true and completed to the best of my knowledge.

Parent Signature: _____ Date: _____

Parent's Phone Number: (____) _____ Parent's Email Address: _____

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Office of Student Financial Aid