

## 2016-2017 Student Estimated Year Income Statement

You have indicated a decrease in your income in 2016. Please provide the following information:

_____			XXX-XX-	_____
Last Name	First Name	M.I.	SSN (last 4)	Date of Birth
_____			_____	
Address (include apt. no.)			Phone number (include area code)	
_____			_____	
City	State	Zip Code	Email	

1. Date employment ceased or will cease (if applicable)	_____
2. Income earned* by the student and/or spouse from January 1, 2016 to today. * attach most recent pay stub(s)	\$ _____
3. Projected income for student and/or spouse from today to December 31, 2016	\$ _____
4. Student's taxable income (other than earned wages) expected from January 1, 2016 to December 31, 2016 (unemployment compensation, interest income, etc.)	\$ _____
5. Spouse's taxable income (other than earned wages) expected from January 1, 2016 to December 31, 2016 (unemployment compensation, interest income, etc.)	\$ _____
6. Non-taxable income from January 1, 2016 to December 31, 2016 from the following sources:	\$ _____
a. Deductible IRA and/or Keogh payments	\$ _____
b. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(k) and 403(b) plans.	\$ _____
c. Social Security benefits	\$ _____
d. Child support	\$ _____
e. TANF/Welfare benefits	\$ _____
f. Untaxed portions or pensions (excluding "rollovers")	\$ _____
g. Other untaxed income and benefits (list on the back of this form your projected income for 2016 such as: worker's compensation, foreign income exclusions, summer earnings from on-campus employment)	\$ _____
h. OFFICE USE ONLY: Room and board during summer employment at Northpoint Bible College	\$ _____

Please attach copies of written documentation that supports the information you have provided and write a statement explaining your situation on the reverse side of this form. We will not consider an adjustment until the necessary information is provided.

## Certification and Signature

By signing this worksheet, I/we certify that the information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year 2016. I/We further certify that if any information of the above information changes, I/we will notify the Financial Aid Office in writing. I/We understand any false statements or documents will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject me/us to a fine, imprisonment or both, under provisions of the United States Criminal Code.

_____	_____	_____	_____
Student Signature	Date	Spouse Signature (if applicable)	Date