

2018-2019 Academic Year **Student Income Statement for 2018**

You indicated a decrease in your income in 2018. Please provide the following information:

Last Name	First Name	M.I.	XXX-XX- 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:	_____
2. Wages earned* by the student and/or spouse from January 1, 2018 to today (*attach last pay stub(s))	\$ _____
3. Projected income for student and/or spouse from today to December 31, 2018	\$ _____
4. Student's taxable income (other than earned wages) from January 1, 2018 to December 31, 2018 <small>(i.e. unemployment compensation, interest income, etc.)</small>	\$ _____
5. Spouse's taxable income (other than earned wages) from January 1, 2018 to December 31, 2018 <small>(i.e. unemployment compensation, interest income, etc.)</small>	\$ _____
6. Non-taxable income from January 1, 2018 to December 31, 2018 from the following sources:	\$ _____
a. Education credits (American Opportunity Tax Credit or Lifetime Learning Tax Credit)	_____
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh or other qualified plans	_____
c. Tax exempt interest income	_____
d. Untaxed portions of IRA distributions (exclude rollovers; if negative, enter zero)	_____
e. Untaxed portions of pensions and annuities (exclude rollovers; if negative, enter zero)	_____
f. Child support received for any child (do not include foster children)	_____
g. Housing, food, and other living allowances paid to military, clergy, etc. (include cash value of benefits)	_____
h. Other untaxed benefits (i.e. worker's compensation; disability (don't include social security or SSI); money received from others or money paid on your behalf for bills (i.e. phone, electric, rent, etc.))	_____

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 taxed and untaxed income for the calendar year 2018. I/we further certify that if any information stated above 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
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