

2019-2020 Academic Year **Student Estimated Year Income Statement for 2019**

You indicated a decrease in your income in 2019. Please provide the following information:

			XXX-XX-
Last Name	First Name	M.I.	SSN (last 4)
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, 2019 to today (*attach last pay stub(s)) \$ _____
3. Projected income for student and/or spouse from today to December 31, 2019 \$ _____
4. Student's taxable income (other than earned wages) from January 1, 2019 to December 31, 2019 (i.e. unemployment compensation, interest income, etc.) \$ _____
5. Spouse's taxable income (other than earned wages) from January 1, 2019 to December 31, 2019 (i.e. unemployment compensation, interest income, etc.) \$ _____
6. Non-taxable income from January 1, 2019 to December 31, 2019 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 2019. 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