

Office Use Only

Office of Financial Aid
2017-2018 Estimated Income Form

Student Name: _____

SSN (last four digits): _____

Instructions

- Provide actual and estimated 2017 income for the parent/stepparent(s) whose information was used to complete the FAFSA.
- For any income listed, **submit supporting documentation**. (This can include but is not limited to: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits.)
- If a line item is left blank, you are certifying you have not received and there is no possibility of receiving income of that kind.

Sources of Income	Student Income (gross earnings 1/1/2017 through date of appeal)	Student Income (Projected earnings from date of appeal to 12/31/17)	Spouse Income (gross earnings 1/1/2017 through date of appeal)	Spouse Income (Projected earnings from date of appeal to 12/31/17)	Parent Income (gross earnings 1/1/2017 through date of appeal)	Parent Income (Projected earnings from date of appeal to 12/31/17)
Wages; Salary; Tips						
Severance Pay						
Disability						
Unemployment						
Interest Income						
Pensions						
Child Support						
Alimony						
Social Security Benefits						
Untaxed Benefits						
Other						
Other						

Student Signature _____

Date _____

Parent Signature _____

Date _____