

Estimate of Income for 2022

Student Information *(please print clearly)*

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Last Name
First Name
MI
Student ID# or last 4 digits SS#

Instructions

Complete each section in its entirety. If the line does not pertain to you, enter '0' or 'NA'. In the sections pertaining to benefits, please indicate the recipient of the benefit (e.g., self, mother, step-parent, spouse, etc.). List the total income received during 2023 through today's date, and estimated income from today's date to 12/31/2024. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to list below (e.g., \$1000 x 12 months = \$12,000). If any of the benefits listed below are pending, do not submit this form until you receive confirmation of the amount from the provider.

Please submit copies of benefit paperwork for all that apply below.	Actual 1/1/22 -Today's Date	Estimated Today's Date through 12/31/24	Total
Gross Income from Work (Attach paystubs for the year.) By Parent 1 By Parent 2 or By Student (if Independent) By Student's Spouse	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
Unemployment Benefits/ Worker's Compensation Recipient:	\$ _____	\$ _____	\$ _____
Military/Clergy Housing Allowance Recipient	\$ _____	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____
Disability Recipient _____	\$ _____	\$ _____	\$ _____
Payments to tax-deferred pension and savings	\$ _____	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh or other retirement plans	\$ _____	\$ _____	\$ _____
Untaxed portions of pensions or IRA distributions	\$ _____	\$ _____	\$ _____
Other Income Sources: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____

Certification Statement and Signature(s): I/We hereby acknowledge that I/We understand that if the requested documentation does not accompany this appeal, there will be no consideration for adjustments. I/We understand that verification of my FAFSA is necessary to resolve any potential conflicting data. I/We understand that providing false or misleading information may result in a fine, imprisonment or both. I/We further understand that the decision of the Financial Aid Department is final. *(If you are a dependent student, at least one of your parents must sign this form).*

Student's Signature _____ Date _____

Parent or Spouse Signature _____ Date _____