



Financial Aid



If requested by the Financial Aid Office, the parent(s) whose information appears on the FAFSA should complete this document with information as of today's date. Use averages or estimates if necessary. If an item is zero or not applicable, indicate "0." Do not leave any answer blank. The income listed should meet or exceed your expenses. **If your expenses exceed your income, please provide a detailed explanation in a separate letter attached to this form.** Submit all documentation with appropriate signatures and attachments through your Financial Aid Self-Service.

Student's Name: _____

Student ID: _____

Taxable Income

Type of Projected Income	Year to Date Income	Projected income through Dec 31, 2022	Total
Gross Income from Employment:	\$	\$	\$
Gross Income from Employment - Spouse:	\$	\$	\$
Taxable Interest and Dividend income:	\$	\$	\$
Business Income (or loss):	\$	\$	\$
Capital gain or (loss) or Other gains or (losses):	\$	\$	\$
Taxable Pensions and Annuities:	\$	\$	\$
Rental real estate, royalties, partnerships, S corporations, trusts, etc.:	\$	\$	\$
Taxable unemployment compensation:	\$	\$	\$
Alimony:	\$	\$	\$
Farm Income:	\$	\$	\$
Taxable social security benefits:	\$	\$	\$
Taxable IRA distributions:	\$	\$	\$
Other taxable income (specify):	\$	\$	\$
Total Projected Income:			\$

Untaxed Income

Type of Projected Income	Year to Date Income	Projected income through Dec 31, 2022	Total
Tax deferred pensions and savings paid directly or withheld:	\$	\$	\$
IRA Deductions and payments to self-employed SEP, SIMPLE, Keough, etc.:	\$	\$	\$
Child Support	\$	\$	\$
Tax exempt interest and dividends:	\$	\$	\$
Untaxed portions of IRA distributions (exclude rollovers):	\$	\$	\$
Untaxed pensions:	\$	\$	\$
Housing, Food and other living allowance (Clergy etc.):	\$	\$	\$
Veterans noneducational benefits:	\$	\$	\$
Workers compensation, disability payments:	\$	\$	\$
Other untaxed income (specify):	\$	\$	\$
Total Estimated Untaxed Income			\$

Current Academic Year Expenses

Type if Expense	Monthly Expense	Annual Projected Expense
Rent or mortgage payment (the portion for which you are responsible):	\$	\$
Utilities (gas, electricity, water, phone, etc.):	\$	\$
Insurance Payments (auto, medical/dental, home, etc.):	\$	\$
Food/household supplies:	\$	\$
Credit Card Payments:	\$	\$
Transportation (car payments, gas, repairs, public transit):	\$	\$
Medical/Dental Out of Pocket:	\$	\$
Private Elementary/Secondary School Tuition	\$	\$
Educational Loan Payments (PLUS, Stafford, etc.)	\$	\$
Other (specify)	\$	\$

Certification: I(we) certify that all information reported is complete and accurate. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature: _____ Date: _____ Parent Signature _____ Date: _____

Electronic signature not accepted