



Complete this form, if requested by the Financial Aid Office, to document your income and expenses as of today. 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 that in a separate letter attached to this form.**

Name: _____

Student ID: _____

Have you experienced any of the following since filing the FAFSA?

- Reduction in income due to fewer hours, new employment, furlough etc.-** Provide verification from employer. Include a photocopy of your final or latest-pay stub verifying the year-to-date earnings.
- Separation from Work due to Layoff or Termination-** Provide verification from employer. Include a photocopy of your final or latest pay-stub verifying the year-to-date earnings.
- Legal Separation or Divorce-** Submit documentation of separation (legal separation documentation, attorney's letter, or documentation that show you and your spouse live at separate residence(s) or a copy of the Divorce Decree.
- Temporary or Permanent Disability, etc.-** Provide statement from attending physician or from State Disability Office.
- Loss of untaxed income** - Letter from Agency discontinuing payments.
- Loss of untaxed income-** Letter from Agency discontinuing payments.
- Other documents as relevant to your situation.**

Taxable Income

Type of Projected Income	Year to Date Income	Projected income through Dec 31,2020	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:			\$

Untaxable Income

Type of Projected Income	Year to Date Income	Projected income through Dec 31, 2020	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.)	\$	\$
Car Payments	\$	\$
Recreation	\$	\$
Others(specify)	\$	\$

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

Student Signature: _____

Date: _____