

STEP 4: ESTIMATED INCOME/BENEFITS

Using the chart below, enter the total yearly income that ____you, ____your spouse, ____your parent(s) expect to receive from 01/01/____ through 12/31/____ . Complete **ONLY** for person whose income has changed.

Use **ONLY** custodial parent in cases of divorce, separation and death. Use only **YOUR** income information if you are divorced, separated or widowed. If answer to item is none, write -0-.

	STUDENT/SPOUSE	PARENTS
Wages, salaries and tips – 01/01/____ to today		
- today to 12/31/____		
Other taxable income (interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)		
Other untaxed income & benefits (untaxed interest, untaxed & taxed deferred pensions, workman’s compensation, IRA/Keough payments, etc.)		
Child support paid (do not include for children claimed as part of household)		

Will you receive any of the following benefits during ____? ___Yes ___No

(If yes, **please provide documentation and complete the following.**)

___ Estimated unemployment benefits \$ _____

___ Estimated worker’s compensation \$ _____

___ Estimated child support **received** (for all family members) \$ _____

Other Comments: _____

STEP 5: CERTIFICATION STATEMENT/SIGNATURES

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student _____ Date _____ Spouse _____ Date _____

Parent’s signature is required only if parent’s information was provided above.

Father _____ Date _____ Mother _____ Date _____

This appeal will be reviewed by the Student Financial Aid Office. You will be notified in writing of the decision within 4 weeks of submitting this appeal.

Required documentation must be attached; incomplete forms will be returned.

To Be Completed By Student Financial Aid	
Approved _____	Denied _____
Approved/Denial Signature _____	Date _____
Changes Reflected in Banner _____	Student notified: _____