

# Parent's Estimated Income Worksheet 2010-2011

(to be completed for dependent students only)

To be completed by (first name, last name) \_\_\_\_\_, the parent of:

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

## **Instructions:**

Before using estimated 2010 income to determine eligibility for financial aid, we ask families to document amounts and sources of their income as accurately as possible. Please provide the information requested below based on information you have at this time. This worksheet should only be completed if there will be an extreme difference from your actual 2009 income due to such examples as loss of job, loss of untaxed income, one time income, death, divorce, or separation, etc. since the 2010-2011 FAFSA was filed.

## **Section A: Estimated Income**

Please provide an estimate of the total income to be received between January 1, 2010 and December 31, 2010. If any amounts are negative, enter "0."

1. Father's estimated 2010 wages (before taxes)----- 1. \$ \_\_\_\_\_
2. Mother's estimated 2010 wages (before taxes)----- 2. \$ \_\_\_\_\_
3. Net business/farm and/or rental income----- 3. \$ \_\_\_\_\_
4. Pensions/Annuities income/Capital Gains----- 4. \$ \_\_\_\_\_
5. Alimony/Child Support received----- 5. \$ \_\_\_\_\_
6. Disability----- 6. \$ \_\_\_\_\_
7. Worker's compensation----- 7. \$ \_\_\_\_\_
8. Unemployment compensation----- 8. \$ \_\_\_\_\_

Parents that are unemployed, please provide:

Date of termination: \_\_\_\_\_

Date unemployment benefits began: \_\_\_\_\_

Date unemployment benefits will end (or ended): \_\_\_\_\_

Amount of weekly unemployment benefits: \_\_\_\_\_

***Please submit unemployment benefits documentation!***

## **Section B: Explanation**

Please explain why your family is anticipating a decrease in 2010 income. **This section must be completed.** If necessary, you may attach a separate letter to this form.

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## **Section C: Certification and Signatures**

I (we) certify that the information provided by me/us on this form is correct to the best of my/our knowledge.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**Please submit this form along with any supporting documentation to: Financial Aid Office; Johnson State College; 337 College Hill; Johnson, VT 05656. We also require that students and parents submit their 2009 Federal Income Tax Return, W-2's, and the Verification Worksheet before any decision to use estimated 2010 income will be made.**