2014-2015 Parent’s Estimated Income Worksheet
(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 2014 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 2013 income due to such examples as loss of job, loss of untaxed income, one time income, death, divorce, or separation since the 2014-2015 FAFSA was filed.

Section A: Estimated Income
Please provide an estimate of the total income to be received between January 1, 2014 and December 31, 2014. If any amounts are negative, enter “0.”

1. Father’s estimated 2014 wages (before taxes)----------------------- $ _____________
2. Mother’s estimated 2014 wages (before taxes)----------------------- $ _____________
3. Net business/farm and/or rental income-------------------------- $ _____________
4. Pensions/Annuities income/Capital Gains------------------------ $ _____________
5. Alimony/Child Support received------------------------------ $ _____________
6. Disability------------------------------------------------------- $ _____________
7. Worker’s compensation---------------------------------------- $ _____________
8. Pensions Rollover (Please submit form 1099-R)------------------ $ _____________
9. IRA Rollover (Please submit form 5498)------------------------ $ _____________
10. Unemployment compensation---------------------------------- $ _____________

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 2014 income. **This section must be completed.** If necessary, you may attach a separate letter to this form.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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 and/or 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 or fax to (802)635-1463.