2015-2016 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 2015 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 2014 income due to such examples as loss of job, loss of untaxed income, one time income, death, divorce, or separation since the 2015-2016 FAFSA was filed.

Section A: Estimated Income
Please provide an estimate of the total income to be received between January 1, 2015 and December 31, 2015. If any amounts are negative, enter “0.”

1. Father’s estimated 2015 wages (before taxes)----------------------- $ ____________
2. Mother’s estimated 2015 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 2015 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.

_________________________________________ and/or __________________________
Father’s Signature Mother’s Signature Date

Please submit this form along with any supporting documentation to: Student Financial Services; Johnson State College; 337 College Hill; Johnson, VT 05656 or fax to (802)635-1248.