2016-2017 PARENT’S ESTIMATED INCOME WORKSHEET

Student’s Name ___________________________________________________ Student ID # ____________________________

Information you have provided to our office indicates that your family’s income for the calendar year 2016 may be substantially lower than calendar year 2015. In order for us to consider using your calendar year 2016 income instead of 2015 which is the federal requirement, you must have experienced one or more of the following situations (check all that apply in Section 1):

SECTION I

A.  o Death of Parent (death must have occurred between 1/1/16 and 12/31/16). Date ___________ month/day/year

B.  o Permanent and total disability of a parent (must have occurred between 1/1/16 and 12/31/16). Date ___________ month/day/year

C.  o Father or Mother has retired or has been unemployed for at least 10 weeks or has experienced a change in employment which will result in a substantial income reduction between 1/1/16 and 12/31/16. Date of change ___________ month/day/year

D.  o Untaxed income has ceased or has been substantially reduced between 1/1/16 and 12/31/16. Type/Program _______________ Date ___________ Month/Day/Year

E.  o Other. If you believe you have a compelling reason(s) which do not appear above, please explain: __________________________________________

SECTION II

In addition to checking one of the boxes above, please explain in detail why your situation makes it inappropriate to use your calendar year 2015 income in determining your Expected Parental Contribution for the 2016-17 academic year. Include specific information and applicable documentation. Use another sheet if necessary.

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You must complete Estimated Income Information on the reverse side of this form.

SECTION III
Please estimate your income as accurately as possible. Make sure you take into consideration your actual earnings as of the date you complete this form and then estimate the balance of the 2016 year. If a category does not apply to you, enter “0”. Your 2015 tax returns may be requested and your student financial aid may be adjusted if your estimated income does not reflect your 2015 actual income.

A. Total Estimated Taxable Income for the period of January 1, 2016 through December 31, 2016

1. Wages, Salaries, & Tips
   Father’s Income $_______
   Mother’s Income $_______

2. Severance Pay
   Father’s Income $_______
   Mother’s Income $_______

3. Pensions and Annuities
   Father’s Income $_______
   Mother’s Income $_______

4. Interest and Dividend Income
   Father’s Income $_______
   Mother’s Income $_______

5. Business or Farm Income
   Father’s Income $_______
   Mother’s Income $_______

6. Capital Gains
   Father’s Income $_______
   Mother’s Income $_______

7. Net income received from rents
   Father’s Income $_______
   Mother’s Income $_______

8. Alimony which will be received
   Father’s Income $_______
   Mother’s Income $_______

9. Unemployment Compensation
   Father’s Income $_______
   Mother’s Income $_______

10. Social Security
    Father’s Income $_______
    Mother’s Income $_______

11. Any other taxed income not listed above
    Father’s Income $_______
    Mother’s Income $_______

Total Estimated 2016 Taxable Income
Father’s Income $_______
Mother’s Income $_______

B. Total Estimated Untaxed Income for the period of January 1, 2016 through December 31, 2016

1. Payments to tax deferred pension and savings plans. Include untaxed portion of 401(k) & 403(b) plans or other pension plans
   Father’s Income $_______
   Mother’s Income $_______

2. Earned Income Credit
   Father’s Income $_______
   Mother’s Income $_______

3. Social Security Benefits received by parents plus the benefits received by the student and other children
   Father’s Income $_______
   Mother’s Income $_______

4. Welfare Benefits including AFDC or ADC (do not include food stamps)
   Father’s Income $_______
   Mother’s Income $_______

5. Child Support or maintenance payments which will be received for the student and all other children
   Father’s Income $_______
   Mother’s Income $_______

6. Workers’ Compensation
   Father’s Income $_______
   Mother’s Income $_______

7. Veterans noneducation benefits such as Death Pension, Dependency, & Indemnity Compensation
   Father’s Income $_______
   Mother’s Income $_______

8. Housing, food, and other living allowances for clergy, military, and other allowances but not rent subsidies for low income housing
   Father’s Income $_______
   Mother’s Income $_______

9. Railroad Retirement Benefits
   Father’s Income $_______
   Mother’s Income $_______

10. Retirement or Disability Benefits
    Father’s Income $_______
    Mother’s Income $_______

11. Any other untaxed income such as Black Lung Benefits, Refugee Assistance, etc, not listed above
    Father’s Income $_______
    Mother’s Income $_______

Total Estimated 2016 Untaxed Income
Father’s Income $_______
Mother’s Income $_______

I/We certify that all information provided by me/us on this form is complete and correct to the best of my/our knowledge. In addition, I/We will attach my/our 2015 Federal Income Tax Return to this form, if not already submitted to the Office of Financial Aid.

______________________________   ___________     ____________________________   __________
Mother/Stepmother’s Signature                    Date
Father/Stepfather’s Signature                    Date

Dependent STUDENT/ PARENT EIF
TFC16EIF