



UNIVERSITY OF
NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES
FINANCIAL AID
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**PARENT PROJECTED INCOME
TAX YEAR 2017**

Student's Name _____ NDId _____
Last First

Your **2017-18** financial aid is based on **2015** income reported on the financial aid applications. If your parents experienced a reduction to income or loss of employment that may reduce their anticipated income for **2017** or limits their ability to contribute towards your educational expenses, you may request that the Financial Aid Committee review your circumstances.

Please provide the following (if applicable):

- **2016** federal tax returns with W-2 statements (if not already on file with our office)
- Termination letter or letter verifying reduction in salary
- Documentation of severance package and accrued vacation/sick days
- Documentation of unemployment benefits received
- Monthly Expense Statement (available at financialaid.nd.edu)

Name of individual experiencing the wage loss/unemployment _____

Date when unemployment*/reduced income began (if applicable) _____

*the earliest we will consider a request for reevaluation due to unemployment will be 12 weeks from the date of termination

ESTIMATED TAXABLE INCOME	2017
Parent 1 (father/stepfather) taxable wages on tax return	\$
Parent 2 (mother/stepmother) taxable wages on tax return	\$
Interest and dividends	\$
Net income from business, farm, rents, royalties, partnerships, estates, trusts, or gains	\$
Other taxable income such as alimony, severance pay, capital gains	\$
IRA/Pension Distribution: (total _____ rollover _____)	\$
Unemployment compensation	\$
Other Sources	\$
TOTAL INCOME	\$
ESTIMATED UNTAXED INCOME	2017
Your contributions to tax-deferred retirement plans: 401(k), 403(b), 457, 414(h), etc.	\$
Deductible IRA, SEP, SIMPLE, and qualified plans	\$
Child support received for all children	\$
Other Sources:	\$
ESTIMATED FAMILY 2017-18 CONTRIBUTION TO STUDENT'S EXPENSES	
Parent(s)' contribution	\$
Student's contribution (savings, earnings)	\$

I/We certify the information listed above is a complete and accurate breakdown of all estimated income, taxed and untaxed, for the calendar year **2017**. I further certify that if any of the above information changes, I/We will notify the Office of Financial Aid in writing of the changes.

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____