



UNIVERSITY OF
NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES
FINANCIAL AID
115 Main Building, Notre Dame, IN 46556-5602
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**PARENT PROJECTED INCOME
TAX YEAR 2016**

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 in **2016** that reduced their income 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

UNTAXED INCOME	2016
Child support received for all children	\$
Social Security benefits	\$
Workers' compensation	\$
Disability income/insurance payout	\$
Veterans non-education benefits	\$
Support from friends/relatives	\$
Other income sources:	\$

ESTIMATED FAMILY 2017-18 CONTRIBUTION TO STUDENT'S EXPENSES	
Parent(s)' contribution	\$
Student's contribution (savings, earnings)	\$
TOTAL contribution to education	\$

I/We certify the information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year **2016** 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 _____